

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 15, 2009
Secretary of State

DOCUMENT# 705313

Entity Name: TROPIC ISLE CIVIC ASSOCIATION, INC.

Current Principal Place of Business:

1730 S FEDERAL HIGHWAY
#145
DELRAY BEACH, FL 33483

New Principal Place of Business:

Current Mailing Address:

1730 S FEDERAL HIGHWAY
#145
DELRAY BEACH, FL 33483

New Mailing Address:

FEI Number: 59-2064349 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FREEMAN, KELLI A
917 BANYAN DRIVE
DELRAY BEACH, FL 33483 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: T () Delete
Name: FRIEDMAN, PHILIP
Address: 960 ALLAMANDA DRIVE
City-St-Zip: DELRAY BEACH, FL 33483

Title: S () Delete
Name: HALLIBURTON, SHIRLEY
Address: 951 FERN DRIVE
City-St-Zip: DELRAY BEACH, FL 33483

Title: VP () Delete
Name: WEINRICH, KARL
Address: 937 IRIS DRIVE
City-St-Zip: DELRAY BEACH, FL 33483

Title: D () Delete
Name: SPAULDING, JOHN
Address: 948 DOGWOOD DR
City-St-Zip: DELRAY BEACH, FL 33483

Title: D () Delete
Name: FETZER, FRED B
Address: 932 EVERGREEN DRIVE
City-St-Zip: DELRAY BEACH, FL 33483

Title: D () Delete
Name: BRODKA, STAN
Address: 920 HYACINTH DR
City-St-Zip: DELRAY BEACH, FL 33483

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change () Addition
Name: LEWANDOWSKI, ROBERT
Address: 928 MCCLEARY STREET
City-St-Zip: DELRAY BEACH, FL 33483

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KELLI A. FREEMAN

P

01/15/2009

Electronic Signature of Signing Officer or Director

_____ Date