

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 722861

FILED
Jan 22, 2009
Secretary of State

Entity Name: TROPICAL GULF ACRES CIVIC ASSOCIATION, INC.

Current Principal Place of Business:

28245 PASADENA DR.
PUNTA GORDA, FL 33955

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 511064
PUNTA GORDA, FL 339511064

New Mailing Address:

FEI Number: 59-1811212

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

AMBROSE, LYNNE
12606 LAGUNA DR
PUNTA GORDA, FL 33955 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: P () Delete
Name: STRAWSON, TOM W
Address: 12259 FINWICK DR
City-St-Zip: PUNTA GORDA, FL 33955

Title: V () Delete
Name: WHITE, ROBERT
Address: 12201 PARAMOUNT DR.
City-St-Zip: PUNTA GORDA, FL 33955

Title: T () Delete
Name: AMBROSE, LYNNE
Address: 12606 LAGUNA DR.
City-St-Zip: PUNTA GORDA, FL 33955

Title: D () Delete
Name: POOLE, RICHARD
Address: 12052 BORAX AVE
City-St-Zip: PUNTA GORDA, FL 33955

Title: D () Delete
Name: WILSON, MARGIE
Address: 12405 MARYLAND
City-St-Zip: PUNTA GORDA, FL 33955

Title: S () Delete
Name: FIELDS, PETRA
Address: 12276 PONTOON BLVD
City-St-Zip: PUNTA GORDA, FL 33955

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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
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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: TOM STRAWSON

PRES

01/22/2009

Electronic Signature of Signing Officer or Director

Date