

2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Mar 06, 2009
Secretary of State

DOCUMENT# 763622

Entity Name: TROPICAL SANDS RESORT CONDOMINIUM ASSOCIATION, INC.**Current Principal Place of Business:**7785 ESTERO BLVD
FORT MYERS BEACH, FL 339314917**New Principal Place of Business:****Current Mailing Address:**11595 KELLY ROAD
STE 300
FORT MYERS, FL 33908**New Mailing Address:****FEI Number:** 59-3010329**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**RAL RESORT PROPERTY MGMT INC
11595 KELLY RD. #300
ROBERT A LOTTS
FORT MYERS, FL 33908 US**Name and Address of New Registered Agent:**RAL RESORT PROPERTY MGMT INC
11595 KELLY RD. #300
JOHN R SHAW
FORT MYERS, FL 33908 US

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: JOHN R SHAW

03/06/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: ST () Delete
Name: SPENO, GLORIA
Address: 62 SPRINGDALE AVENUE
City-St-Zip: TINTON FALLS, NJ 07724 US

Title: PD () Delete
Name: SIMKO-HATFIELD, GALE
Address: 3025 CLAXTON COURT
City-St-Zip: WINDSOR, ONTARIO, CA N8R1P9 CA

Title: D () Delete
Name: BURNETT, NANCY
Address: 64 RIO COURT
City-St-Zip: FORT MYERS, FL 33912 US

Title: VP () Delete
Name: MONTELEONE, JOE
Address: 3221 WHITE IBIS COURT, UNIT B1
City-St-Zip: PUNTA GORDA, FL 33950

Title: D () Delete
Name: STRANEY, KEENA
Address: 1212 OTTER CREEK RD
City-St-Zip: VINE GROVE, KY 40175

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
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: JOHN R SHAW

RA

03/06/2009

Electronic Signature of Signing Officer or Director

Date