

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000004497

FILED
Mar 17, 2009
Secretary of State

Entity Name: TROPICAL ISLES UTILITIES CORPORATION

Current Principal Place of Business:

281 TROPICAL ISLES CIRCLE
FT PIERCE, FL 34982

New Principal Place of Business:

Current Mailing Address:

281 TROPICAL ISLES CIRCLE
FT PIERCE, FL 34982

New Mailing Address:

FEI Number: 65-1129116

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COLLING, LEE JAY
529 VERSAILLES DRIVE
SUITE 103
MAITLAND, FL 32751 US

Name and Address of New Registered Agent:

ELMORE, BETTY S
281 TROPICAL ISLES CIRCLE
FORT PIERCE, FL 34982 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: BETTY S. ELMORE

03/17/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: RUSSELL, GEORGE T
Address: 352 SEAHORSE TER
City-St-Zip: FT PIERCE, FL 34982

Title: D () Delete
Name: FENWICK, PETER W
Address: 468 HEMINWAY TERR
City-St-Zip: FORT PIERCE, FL 34982

Title: D () Delete
Name: GALLAGHER, STEVEN G
Address: 243 TRAVIS CAY PL
City-St-Zip: FORT PIERCE, FL 34982

Title: D () Delete
Name: MCDONNELL, JOHN H JR
Address: 206 SEA CONCH PL
City-St-Zip: FORT PIERCE, FL 34982

Title: D () Delete
Name: ROSATO, JULIUS J
Address: 210 SANDY BOTTOM PL
City-St-Zip: FORT PIERCE, FL 34982

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VP (X) Change () Addition
Name: CULVER, JAMES A
Address: 396 TROPICAL ISLES CIRCLE
City-St-Zip: FT PIERCE, FL 34982

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

Title: P (X) Change () Addition
Name: GALLAGHER, STEVEN G
Address: 243 TRAVIS CAY PL
City-St-Zip: FORT PIERCE, FL 34982

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: STEVEN G. GALLAGHER

P

03/17/2009

Electronic Signature of Signing Officer or Director

Date