


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 20, 2008 8:00 am
Secretary of State

03-20-2008 90030 011 ****61.25

DOCUMENT # N00000007305		
1. Entity Name TRADITION COVE HOMEOWNERS ASSOCIATION, INC.		

Principal Place of Business 275 TONY PENNA DRIVE #7 JUPITER, FL 33458	Mailing Address 275 TONY PENNA DRIVE #7 JUPITER, FL 33458
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50000366



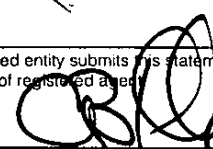
2. Principal Place of Business - No P.O. Box # 1061 E. Indiantown Rd. Suite 410 Jupiter, Fla. 33477 US	3. Mailing Address 1061 E. Indiantown Rd. Suite 410 Jupiter, Fla. 33477 US
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01072008 Chg-NP CR2E037 (12/06)

4. FEI Number 65-1080516	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent THE SUNRISE COMPANIES 275 TONY PENNA DR. #7 JUPITER, FL 33458	
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7. Name and Address of New Registered Agent Name <u>SUNRISE COMPANIES</u> Street Address (P.O. Box Number is Not Acceptable) <u>1061 E. INDIANTOWN RD.</u> <u>Suite 410</u> City <u>JUPITER</u> FL Zip Code <u>33477</u>	
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8. 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. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE 	DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GARTSMAN, BARRY 7080 TRADITION COVE LN EAST WEST PALM BEACH, FL 33412 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD CHERNUCHIN, LYNN LYNN 7120 TRADITION COVE LN EAST WEST PALM BEACH, FL 33412 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TSD WELLSBERG, BARRY 7115 TRADITION COVE LN. W. WEST PALM BEACH, FL 33412 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LADOV, MARY 7124 TRADITION COVE LN.W. WEST PALM BEACH, FL 33412 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <u>Robert Gardner</u> <u>7131 Tradition Cove Ln E.</u> <u>West Palm Beach, FL 33412</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: 	Date <u>2/19/08</u>	Daytime Phone #
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