2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2009
Secretary of State

DOCUMENT# N00000007305

Entity Name: TRADITION COVE HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

1061 E. INDIANTOWN RD.
SUITE 410
JUPITER, FL 33477

New Principal Place of Business:

Current Mailing Address:

1061 E. INDIANTOWN RD.
SUITE 410
JUPITER, FL 33477

New Mailing Address:

FEI Number: 65-1080516 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

THE SUNRISE COMPANIES
1061 E. INDIANTOWN RD.
SUITE 410
JUPITER, FL 33477 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: PD ( ) Delete
Name: GARTSMAN, BARRY
Address: 7080 TRADITION COVE LN EAST
City-St-Zip: WEST PALM BEACH, FL 33412

Title: VPD ( ) Delete
Name: CHERNUCHIN, UNN
Address: 7120 TRADITION COVE LN EAST
City-St-Zip: WEST PALM BEACH, FL 33412

Title: TSD ( ) Delete
Name: GARDNER, ROBERT
Address: 7131 TRANSTION COVE LN E.
City-St-Zip: WEST PALM BEACH, FL 33412

Title: S ( ) Delete
Name: LADOU, MARY
Address: 7124 TRADITION COVE LN.W.
City-St-Zip: WEST PALM BEACH, FL 33412

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: GERTSMAN, BARRY
Address: 7080 TRADITION COVE LN EAST
City-St-Zip: WEST PALM BEACH, FL 33412

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

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

Title: SD (X) Change ( ) Addition
Name: LADOV, MARV
Address: 7124 TRADITION COVE LN., W.
City-St-Zip: WEST PALM BEACH, FL 33412

Title: D ( ) Change (X) Addition
Name: COHEN, DAVID
Address: 7173 TRADITION COVE LN. W.
City-St-Zip: JUPITER, FL 33412

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: BARRY GERTSMAN PD 03/17/2009

Electronic Signature of Signing Officer or Director — Date