2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

Jan 17, 2006 8:00 am Secretary of State DOCUMENT # N03000003654 01-17-2006 90234 021 ****61.25 1. Entity Name TCP CONDOMINIUM ASSOCIATION, INC. Principal Place of Business Mailing Address 1945 17TH STREET 1945 17TH STREET 60002029 SARASOTA, FL 34234 SARASOTA, FL 34234 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc Suite, Apt. #, etc 01052006 Chg-NP CR2E037 (11/05) Sayaso ~ a 4. FEI Number 54-2109275 Applied For City & State (a50 Not Applicable Country \$8.75 Additional مرتفحه+۹ 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Son WILSON, CHARLES H Street Address (P.O. Box Number is Not Acceptable) 2341 PORTER LAKE DR #207 SARASOTA, FL 34240 1Qi, Ki e 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. ame of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make check payable to Filing Fee is \$61.25 \$5.00 May Be Trust Fund Contribution. Florida Department of State Due by May 1, 2006 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS PD TITLE ☐ Delete TITLE ☐ Change G. KELLY RUBINO NAME NAME 9015 TOWN CENTER PKWY #105 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP BRADENTON, FL 34202 CITY-ST-ZIP **QTV** Delete ☐ Addition TITLE TITLE Change E. RUSSELL JAMES NAME NAME STREET ADDRESS 8585 MIDNIGHT PASS ROAD STREET ADDRESS SARASOTA, FL 34242 CITY-ST-ZIP CITY-ST-ZIP VSD Delete TITLE TITLE Change ☐ Addition WILSON, CHARLES H NAME NAME STREET ADDRESS 2341 PORTER LAKE DR #207 STREET ADDRESS CITY-ST-ZIP SARASOTA, FL 34240 CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Channe ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119. Florida Statutes. I further certify that the information indicated on this report or supplied with this filling does not qualify for the exemptions contained in Chapter 119. Florida Statutes. I further certify that the information indicated on this report or supplied with this filling does not qualify for the exemptions contained in Chapter 119. Florida Statutes. I further certify that the information indicated on this report or supplied with this filling does not qualify for the exemptions contained in Chapter 119. Florida Statutes. I further certify that the information indicated on this report or supplied with this filling does not qualify for the exemptions contained in Chapter 119. Florida Statutes. I further certify that the information indicated on this report or supplied with this filling does not qualify for the exemptions contained in Chapter 119. Florida Statutes. I further certify that the information indicated on this report or supplied with this filling does not qualify for the exemptions contained in Chapter 119. Florida Statutes. I further certify that the information indicated on this report or supplied with the information indicated on this report or supplied with the information indicated on this report of the corporation or the report of the corpor changed, or on an attach

NAME

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

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Daytime Phone #