

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 26, 2007 08:00 AM
Secretary of State

DOCUMENT # N03000003654	
1. Entity Name TCP CONDOMINIUM ASSOCIATION, INC.	
Principal Place of Business 8221 BLAIE CT. SARASOTA, FL 34240	Mailing Address PO BOX 2838 SARASOTA, FL 34230



01042007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 54-2109275	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent WILSON, CHARLES H 8221 BLAIE CT SARASOTA, FL 34240	DO NOT WRITE IN THIS SPACE
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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 Charles H. Wilson Manager 1/11/07
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000605293 01/30/07-80031-003 61.25
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD G. KELLY RUBINO 9015 TOWN CENTER PKWY #105 BRADENTON, FL 34202
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD E. RUSSELL JAMES 8585 MIDNIGHT PASS ROAD SARASOTA, FL 34242
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD WILSON, CHARLES H 8221 BLAIE CT. SARASOTA, FL 34240
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: Charles H. Wilson 1/11/07 941-957-1030
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #