2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 25, 2008 08:00 AM
Secretary of State

DOCUMENT # N03000003654

1. Entity Name
TCP CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
8221 BLAIKIE CT. SARASOTA, FL 34240	PO BOX 2838 SARASOTA, FL 34230

DO NOT WRITE IN THIS SPACE

02192008 No Chg-NP CR2E037 (4/06)

4. FEI Number
54-2109275

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

WILSON, CHARLES H
8221 BLAIKIE CT
SARASOTA, FL 34240

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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
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2008

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	G. KELLY RUBINO
STREET ADDRESS	9015 TOWN CENTER PKWY #105
CITY-ST-ZIP	BRADENTON, FL 34202
TITLE	VTD
NAME	E. RUSSELL JAMES
STREET ADDRESS	8585 MIDNIGHT PASS ROAD
CITY-ST-ZIP	SARASOTA, FL 34242
TITLE	VSD
NAME	WILSON, CHARLES H
STREET ADDRESS	8221 BLAIKIE CT.
CITY-ST-ZIP	SARASOTA, FL 34240
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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03/04/08-80003-016 61.25

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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: _____ 20 Feb 08 941 952-1030
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #