

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000003654

FILED
Feb 10, 2009
Secretary of State

Entity Name: TCP CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

8221 BLAIKIE CT.
SARASOTA, FL 34240

New Principal Place of Business:

Current Mailing Address:

PO BOX 2838
SARASOTA, FL 34230

New Mailing Address:

FEI Number: 54-2109275

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WILSON, CHARLES H
8221 BLAIKIE CT
SARASOTA, FL 34240 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: G. KELLY RUBINO,
Address: 9015 TOWN CENTER PKWY #105
City-St-Zip: BRADENTON, FL 34202

Title: VTD () Delete
Name: E. RUSSELL JAMES,
Address: 8585 MIDNIGHT PASS ROAD
City-St-Zip: SARASOTA, FL 34242

Title: VSD () Delete
Name: WILSON, CHARLES H
Address: 8221 BLAIKIE CT.
City-St-Zip: SARASOTA, FL 34240

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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: CHARLES H. WILSON

VSD

02/10/2009

Electronic Signature of Signing Officer or Director

Date