2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 14, 2007 8:00 am
Secretary of State
02-14-2007 90065 001 ****61.25

DOCUMENT # N03000004111

1. Entity Name

TPC PROPERTY OWNERS, INC.

Principal Place of Business	Mailing Address
8824 BELAGIO DRIVE TRINITY FL 34655	8824 BELAGIO DRIVE TRINITY FL 34655

1st MOORE CR2E037 (10/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
8833 HAWbuck Street	8833 HAWbuck Street
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Trinity, FL	City & State: TRINITY, FL
Zip: 34655 Country: USA	Zip: 34655 Country: USA

4. FEI Number 16-1694356 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MARSHALL, ALAN S 8824 BELAGIO DRIVE TRINITY FL 34655	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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

FILE NOW: FEE IS $61.25 **Due By May 1, 2007**	9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees	**Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	PD BRONSON, MICHAEL 777 S HARBOUR ISLAND BLVD., #360 TAMPA FL 33602	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	President/D DR. MYRON S. GRAFF 1822 HealthCare DR. Trinity FL 34655	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	SD WALTER, ROBERT A 777 S HARBOUR ISLAND BLVD., #360 TAMPA FL 33602	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	Vice-President/D DR. BRUCE LANDON 1813 Wellness Lane Trinity, FL 34655	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	Secretary/D ALAN S. MARSHALL 8824 BELAGIO DR. Trinity FL 34655	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	Treasurer/D Thomas L. Kehoe 8833 HAWbuck Street Trinity, FL 34655	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	D DR. IRA BENNETT 1810 Wellness Lane Trinity, FL 34655	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	D DR. Steve Sutherland 8845 HAWbuck Street Trinity FL 34655	☐ Change ☒ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Thomas L Kehoe THOMAS L. KEHOE 2/6/07 (727) 849-2785