

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000004111

FILED
Jan 09, 2009
Secretary of State

Entity Name: TPC PROPERTY OWNERS, INC.

Current Principal Place of Business:

8833 HAWBUCK STREET
TRINITY, FL 34655

New Principal Place of Business:

Current Mailing Address:

8833 HAWBUCK STREET
TRINITY, FL 34655

New Mailing Address:

FEI Number: 16-1694356

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MARSHALL, ALAN S
8824 BELAGIO DRIVE
TRINITY, FL 34655 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: GRAFF, DR. MARY S
Address: 1822 HEALTHCARE DR
City-St-Zip: TRINITY, FL 34655

Title: VPD () Delete
Name: LANDON, DR. BRUCE
Address: 1813 WELLNESS LANE
City-St-Zip: TRINITY, FL 34655

Title: S () Delete
Name: MARSHZLL, ALAN S
Address: 8824 BELAGO DR
City-St-Zip: NEW PORT RICHEY, FL 34655

Title: TD () Delete
Name: KEHOE, THOMAS L
Address: 8833 HAWBUCK STREET
City-St-Zip: TRINITY, FL 34655

Title: D () Delete
Name: WOLLINKA, DAVID
Address: 1835 HEALTH CARE DR.
City-St-Zip: TRINITY, FL 34655

Title: D () Delete
Name: CHOKSI, TARAK
Address: 1838 HEALTH CARE DR.
City-St-Zip: TRINITY, FL 34655

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:

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: THOMAS L KEHOE

TREA

01/09/2009

Electronic Signature of Signing Officer or Director

Date