


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

**FILED**  
**Apr 23, 2007 8:00 am**  
**Secretary of State**

04-23-2007 90254 013 \*\*\*\*61.25

**DOCUMENT # N04000002553**  
 1. Entity Name  
**TROPICAL COVE HOMEOWNERS' ASSOCIATION, INC.**



40077038



Principal Place of Business  
 12751 NEW BRITTANY AVE  
 5TH FLOOR  
 FORT MYERS, FL 33907

Mailing Address  
 6700 WINKLER STE 2  
 FORT MYERS, FL 33919

2. Principal Place of Business - No P.O. Box #

3. Mailing Address  
 Suite, Apt. #, etc.  
**S/O BENSONS INC**  
**12650 WHITEHALL DR**

Suite, Apt. #, etc.  
**12650 WHITEHALL DR**

City & State  
**FORT MYERS, FL**

City & State  
**FORT MYERS, FL**

Zip  
**33907**

Country

04032007 Chg-NP CR2E037 (12/06)

4. FEI Number  
**20-2233700**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
**ALLIANT PROPERTY MGMT**  
**6700 WINKLER RD 2**  
**FORT MYERS, FL 33919**

7. Name and Address of New Registered Agent

Name **BONITA D. VANDALL**

Street Address (P.O. Box Number is Not Acceptable)  
**12650 WHITEHALL DR**

City **FORT MYERS** FL Zip Code **33907**

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 Bonita D. Vandall **BONITA D. VANDALL** **4-11-07**

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.  **\$5.00 May Be Added to Fees**

**Make check payable to Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP TEMMELE, STEPHEN 12751 NEW BRITTANY AVE, 5TH FLR FORT MYERS, FL 33907	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WOLF, SCOTT 12751 NEW BRITTANY AVE, 5TH FLR FORT MYERS, FL 33907	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS SIWICKI, LAURA 12751 NEW BRITTANY AVE, 5TH FLR FORT MYERS, FL 33907	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P TUCKER, SHANE 12751 NEW BRITTANY AVE 5 FLR FORT MYERS, FL 33907	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD WOLF, SCOTT 12751 NEW BRITTANY, 5TH FLR FORT MYERS, FL 33907	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD PERRY, LISA 12751 NEW BRITTANY 5TH FLR FORT MYERS, FL 33907	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Scott Wolf **SCOTT WOLF** **4-17-07** **239-872-4433**

Signature and typed or printed name of signing officer or director Date Daytime Phone #