

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000002553

FILED
Jan 15, 2009
Secretary of State

Entity Name: TROPICAL COVE HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

8790 TROPICAL CT
FORT MYERS, FL 33908

New Principal Place of Business:

Current Mailing Address:

C/O/ BENSONS INC
12650 WHITEHALL DR
FORT MYERS, FL 33907

New Mailing Address:

FEI Number: 20-2233700 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

VANDALL, BONITA D
12650 WHITEHALL DR
FORT MYERS, FL 33907 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: YVAN, MOLLARD
Address: 8970 TROPICAL CT
City-St-Zip: FORT MYERS, FL 33908

Title: VD () Delete
Name: COSTA, JOHN
Address: 8856 TROPICAL CT
City-St-Zip: FORT MYERS, FL 33908

Title: SD () Delete
Name: MEITUS, SHEILA
Address: 8934 TROPICAL CT
City-St-Zip: FORT MYERS, FL 33908

Title: TD () Delete
Name: PETTINATO, RICHARD
Address: 8862 TROPICAL CT.
City-St-Zip: FORT MYERS, FL 33908

Title: D () Delete
Name: HASS, RICK
Address: 8700 TROPICAL CT
City-St-Zip: FORT MYERS, FL 33908

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D (X) Change () Addition
Name: SCHWARZ, STEWART
Address: 8945 TROPICAL CT
City-St-Zip: FORT MYERS, FL 33908

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

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

Title: VD (X) Change () Addition
Name: HASS, RICK
Address: 8700 TROPICAL CT
City-St-Zip: FORT MYERS, FL 33908

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: YVAN MOLLARD

PRES

01/15/2009

Electronic Signature of Signing Officer or Director

_____ Date