

2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED
Apr 30, 2009
Secretary of State**

DOCUMENT# N04000002553

Entity Name: TROPICAL COVE HOMEOWNERS' ASSOCIATION, INC.**Current Principal Place of Business:**8790 TROPICAL CT
FORT MYERS, FL 33908**New Principal Place of Business:**11691 GATEWAY BOULEVARD
SUITE 203
FORT MYERS, FL 33913**Current Mailing Address:**C/O/ BENSONS INC
12650 WHITEHALL DR
FORT MYERS, FL 33907**New Mailing Address:**11691 GATEWAY BOULEVARD
SUITE 203
FORT MYERS, FL 33913**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:**VISION MANAGEMENT
11691 GATEWAY BOULEVARD
SUITE 203
FORT MYERS, FL 33913 US

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: REBECCA SARVER

04/30/2009

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 33908Title: D (X) Delete
Name: SCHWARZ, STEWART
Address: 8945 TROPICAL CT
City-St-Zip: FORT MYERS, FL 33908Title: SD () Delete
Name: MEITUS, SHEILA
Address: 8934 TROPICAL CT
City-St-Zip: FORT MYERS, FL 33908Title: TD () Delete
Name: PETTINATO, RICHARD
Address: 8862 TROPICAL CT.
City-St-Zip: FORT MYERS, FL 33908Title: VD () 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: () 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: YVAN MOLLARD

P

04/30/2009

Electronic Signature of Signing Officer or Director

Date