

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000002553

FILED
Apr 14, 2010
Secretary of State

Entity Name: TROPICAL COVE HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

11691 GATEWAY BOULEVARD
SUITE 203
FORT MYERS, FL 33913

New Principal Place of Business:

Current Mailing Address:

11691 GATEWAY BOULEVARD
SUITE 203
FORT MYERS, FL 33913

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:

VISION MANAGEMENT
11691 GATEWAY BOULEVARD
SUITE 203
FORT MYERS, FL 33913 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
Name: HIDE, LEE
Address: 11691 GATEWAY BLVD SUITE 203
City-St-Zip: FORT MYERS, FL 33913

Title: TD
Name: SCHMIDT, RYAN
Address: 11691 GATEWAY BLVD SUITE 203
City-St-Zip: FORT MYERS, FL 33913

Title: D
Name: PETTINATO, RICHARD
Address: 8862 TROPICAL CT.
City-St-Zip: FORT MYERS, FL 33908

Title: SD
Name: SHELBOURNE, KURT
Address: 11691 GATEWAY BLVD SUITE 203
City-St-Zip: FORT MYERS, FL 33913

Title: VPD
Name: KERTIS, JOHN
Address: 11691 GATEWAY BLVD SUITE 203
City-St-Zip: FORT MYERS, FL 33913

I hereby 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 all other like empowered.

SIGNATURE: LEE HIDE

PD

04/14/2010

Electronic Signature of Signing Officer or Director

Date