2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 05, 2012
Secretary of State

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Entity Name: TROPIC ISLES ELEMENTARY SCHOOL PARENT-TEACHER ORGANIZATION, INC.

Current Principal Place of Business:

5145 ORANGE GROVE BLVD.
NORTH FT. MYERS, FL 33903

New Principal Place of Business:

Current Mailing Address:

5145 ORANGE GROVE BLVD.
NORTH FT. MYERS, FL 33903

New Mailing Address:

FEI Number: 02-0605549 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MACCHIA, BRANDY
5145 ORANGE GROVE BLVD.
NORTH FT. MYERS, FL 33903 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: D
Name: MACCHIA, BRANDY
Address: 5145 ORANGE GROVE BLVD.
City-St-Zip: NORTH FT. MYERS, FL 33903

Title: P
Name: WHEELER, DALE
Address: 5145 ORANGE GROVE BLVD
City-St-Zip: NORTH FORT MYERS, FL 33903

Title: VP
Name: BARTLEY, NICK
Address: 5145 ORANGE GROVE BLVD
City-St-Zip: NORTH FORT MYERS, FL 33903

Title: T
Name: MACCHIA, MARK
Address: 5145 ORANGE GROVE BLVD
City-St-Zip: NORTH FORT MYERS, FL 33903

Title: S
Name: MCCREARY, MARK
Address: 5145 ORANGE GROVE BLVD
City-St-Zip: NORTH FORT MYERS, FL 33903

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: DALE WHEELER P 01/05/2012

Electronic Signature of Signing Officer or Director — Date