

**2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT****FILED**  
**Jul 13, 2007**  
**Secretary of State**

DOCUMENT# N05000002237

**Entity Name:** TROPICAL COVE CONDOMINIUM ASSOCIATION, INC.**Current Principal Place of Business:**2460 HEMINGWAY LANE  
MERRITT ISLAND, FL 32953**New Principal Place of Business:****Current Mailing Address:**2460 HEMINGWAY LANE  
MERRITT ISLAND, FL 32953**New Mailing Address:**5505 N. ATLANTIC AVE., SUITE 207  
COCOA BEACH, FL 32931**FEI Number:** 20-3073869**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**SOILEAU, JOHN L  
3490 NORTH U.S. HIGHWAY 1  
COCOA, FL 32926 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: DP ( ) Delete  
Name: CHRISTENSEN, WILLIAM M  
Address: 10780 NORTHWEST 18TH COURT  
City-St-Zip: PLANTATION, FL 333226476

Title: DST ( ) Delete  
Name: CHRISTENSEN, ROSE M  
Address: 10780 NORTHWEST 18TH COURT  
City-St-Zip: PLANTATION, FL 333226476

Title: DVP ( ) Delete  
Name: BECKER, DARLA  
Address: 2195 NORTH TROPICAL TRAIL  
City-St-Zip: MERRITT ISLAND, FL 32953

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: DP (X) Change ( ) Addition  
Name: CHRISTENSEN, WILLIAM M  
Address: 10780 NORTHWEST 18TH COURT  
City-St-Zip: PLANTATION, FL 33322

Title: DST (X) Change ( ) Addition  
Name: REID, JIM  
Address: 400 YELLOW TAIL LANE, #105  
City-St-Zip: MERRITT ISLAND, FL 32953

Title: D (X) Change ( ) Addition  
Name: BECKER, CHUCK  
Address: 2195 NORTH TROPICAL TRAIL  
City-St-Zip: MERRITT ISLAND, FL 32953

Title: DVP ( ) Change (X) Addition  
Name: GERARD, JIM  
Address: 2463 HEMINGWAY LANE, #101  
City-St-Zip: MERRITT ISLAND, FL 32953

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: WILLIAM CHRISTENSEN

DP

07/13/2007

Electronic Signature of Signing Officer or Director

Date