2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2008
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:

5505 N. ATLANTIC AVE., SUITE 207
COCOA BEACH, FL 32931

New Mailing Address:

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 33322

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

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

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

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:

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: MARK EVANS CAM 04/09/2008

Electronic Signature of Signing Officer or Director — Date