## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N05000002237

Apr 15, 2009 Secretary of State

Entity Name: TROPICAL COVE CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business: New Principal Place of Business:** 

2460 HEMINGWAY LANE MERRITT ISLAND, FL 32953

**Current Mailing Address: New Mailing Address:** 

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

COCOA BEACH, FL 32931 US

FEI Number: 20-3073869 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

SOILEAU, JOHN L 3490 NORTH U.S. HIGHWAY 1 COCOA, FL 32926

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:**

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: DST Title: SD

( ) Delete (X) Change ( ) Addition Name: REID, JIM Name: REID, JIM

Address: 400 YELLOW TAIL LANE, #105 Address: 400 YELLOW TAIL LANE, #105 City-St-Zip: MERRITT ISLAND, FL 32953 City-St-Zip: MERRITT ISLAND, FL 32953 US

Title: () Delete Title: TD (X) Change ( ) Addition BECKER, CHUCK BECKER, CHUCK Name: Name:

2195 NORTH TROPICAL TRAIL 2195 NORTH TROPICAL TRAIL Address: Address: City-St-Zip: MERRITT ISLAND, FL 32953 City-St-Zip: MERRITT ISLAND, FL 32953 US

( ) Delete Title: DVP Title: VPD (X) Change ( ) Addition

GERARD, JIM Name: Name: GERARD, JIM

2463 HEMINGWAY LANE, #101 2463 HEMINGWAY LANE, #101 Address: Address: City-St-Zip: MERRITT ISLAND, FL 32953 City-St-Zip: MERRITT ISLAND, FL 32953 US

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 PD 04/15/2009