

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000002237

FILED
Apr 29, 2011
Secretary of State

Entity Name: TROPICAL COVE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

2460 HEMINGWAY LANE
MERRITT ISLAND, FL 32953

New Principal Place of Business:

2466 HEMINGWAY LANE
MERRITT ISLAND, FL 32953

Current Mailing Address:

5505 N. ATLANTIC AVENUE
207
COCOA BEACH, FL 32931 US

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:

CHIPMAN, SETH
3490 NORTH U.S. HIGHWAY 1
COCOA, FL 32926 US

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: SETH CHIPMAN

04/29/2011

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD
Name: CHRISTENSEN, WILLIAM M
Address: 10780 NORTHWEST 18TH COURT
City-St-Zip: PLANTATION, FL 33322 US

Title: TD
Name: GERARD, JIM
Address: 2463 HEMINGWAY LANE, #101
City-St-Zip: MERRITT ISLAND, FL 32953 US

Title: SD
Name: BECKER, CHUCK
Address: 2464 HEMINGWAY LANE, #102
City-St-Zip: MERRITT ISLAND, FL 32953 US

Title: VPD
Name: BOWLER, YOLANDA
Address: 2461 HEMINGWAY LANE, #101
City-St-Zip: MERRITT ISLAND, FL 32953 US

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: WILLIAM CHRISTENSEN

PD

04/29/2011

Electronic Signature of Signing Officer or Director

Date