## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N05000009234

FILED Mar 18, 2008 Secretary of State

Entity Name: TROPICAL RIDGE NEIGHBORHOOD ASSOCIATION, INC.

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

401 NORTH B STREET 432 NORTH E STREET

LAKE WORTH, FL 33460 US LAKE WORTH, FL 33460 US

Current Mailing Address: New Mailing Address:

401 NORTH B STREET 432 NORTH E STREET

LAKE WORTH, FL 33460 US LAKE WORTH, FL 33460 US

FEI Number: 83-0486544 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:

LINDSEY, MARY
401 NORTH B STREET
401 NORTH B STREET

LAKE WORTH, FL 33460 US LAKE WORTH, FL 33460 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: VINCENT ROGERS 03/18/2008

Electronic Signature of Registered Agent Date

## OFFICERS AND DIRECTORS:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

itle: P ( ) Delete Title: P (X) Change ( ) Addition

 Name:
 LINDSEY, MARY
 Name:
 ROGERS, VINCENT

 Address:
 401 NORTH B STREET
 Address:
 432 NORTH E STREET

 City-St-Zip:
 LAKE WORTH, FL 33460 US
 City-St-Zip:
 LAKE WORTH, FL 33460 US

Title: VP ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 DELI, CAROLYN
 Name:

 Address:
 126 NORTH E STREET
 Address:

 City-St-Zip:
 LAKE WORTH, FL 33460 US
 City-St-Zip:

 $\label{eq:title:S} {\sf Title:S/T} \qquad \qquad {\sf () Delete} \qquad \qquad {\sf Title:S/T} \qquad \qquad {\sf (X) Change () Addition}$ 

 Name:
 ROGERS, VINCE
 Name:
 ARAUJO, CRISTINA

 Address:
 432 NORTH E STREET
 Address:
 212 NORTH C STREET

 City-St-Zip:
 LAKE WORTH, FL 33460 US
 City-St-Zip:
 LAKE WORTH, FL 33460 US

Title: T (X) Delete Title: ( ) Change ( ) Addition

 Name:
 ROGERS, VINCE
 Name:

 Address:
 432 NORTH E STREET
 Address:

 City-St-Zip:
 LAKE WORTH, FL 33460 US
 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: VINCENT ROGERS PRES 03/18/2008