

**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N06000000798

**FILED**  
**Jan 10, 2007**  
**Secretary of State**

**Entity Name:** TUCKAWAY SHORES RESORT CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

1441 S. MIRAMAR AVENUE  
INDIALANTIC, FL 32903

**New Principal Place of Business:**

**Current Mailing Address:**

1441 S. MIRAMAR AVENUE  
INDIALANTIC, FL 32903

**New Mailing Address:**

**FEI Number:** 20-4184135      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

MCPHILLIPS, MICHAEL  
540 S. BANANA RIVER DRIVE, #106  
MERRITT ISLAND, FL 32952 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: ( ) Delete  
Name:  
Address:  
City-St-Zip:

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

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

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

Title: P ( ) Change (X) Addition  
Name: MCPHILLIPS, JACQUI  
Address: 540 S. BANANA RIVER DRIVE, #106  
City-St-Zip: MERRITT ISLAND, FL 32952

Title: VP ( ) Change (X) Addition  
Name: WASHBURN, SUZANNE  
Address: 917 THOMAS STREET  
City-St-Zip: KEY WEST, FL 33040

Title: S-T ( ) Change (X) Addition  
Name: HEADRICK, KAREN  
Address: 1010 KENNEDY DRIVE, SUITE 305  
City-St-Zip: KEY WEST, FL 33040

I hereby certify that the information supplied with this filing does not qualify for the 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: KAREN HEADRICK

ST

01/10/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date