

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000000798

FILED
Apr 09, 2008
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:

5505 NORTH ATLANTIC AVE
SUITE 207
COCOA BEACH, FL 32931

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

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S-T (X) Change () Addition
Name: MAYNES, BETH
Address: 1085 KINGFISHER WAY
City-St-Zip: ROCKLEDGE, FL 32955

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