

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000000820

FILED  
Apr 29, 2009  
Secretary of State

**Entity Name:** TROPICAL VILLAS AT FOREST HILL CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

4010 SOUTH 57TH AVE, STE 204  
LAKE WORTH, FL 33463 US

**New Principal Place of Business:**

**Current Mailing Address:**

4010 SOUTH 57TH AVE, STE 204  
LAKE WORTH, FL 33463 US

**New Mailing Address:**

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired ( )**

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

ST. JOHN, CORE & LEMME, P.A.  
1601 FORUM PLACE, STE 701  
WEST PALM BEACH, FL 33401 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: GAMINARA, DAVID  
Address: P.O. BOX 19982  
City-St-Zip: WEST PALM BEACH, FL 33436

Title: S ( ) Delete  
Name: GIESSEN, MICHELLE  
Address: 4010 SOUTH 57TH AVE, STE 204  
City-St-Zip: LAKE WORTH, FL 33463 US

Title: T ( ) Delete  
Name: HAIGHT, AMBER  
Address: 1962 PALM ACRES DR  
City-St-Zip: PALM SPRINGS, FL 33406

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

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

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

Title: ( ) Change ( ) Addition  
Name:  
Address:  
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: DAVID GAMINARA

P

04/29/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date