

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000003399

FILED  
Mar 20, 2008  
Secretary of State

Entity Name: TROPICAL ISLAND HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

9380 S TROPICAL TRAIL  
MERRITT ISLAND, FL 32952

**New Principal Place of Business:**

**Current Mailing Address:**

9380 S TROPICAL TRAIL  
MERRITT ISLAND, FL 32952

**New Mailing Address:**

45 TROPICAL ISLAND LANE  
MERRITT ISLAND, FL 32952

FEI Number: 15-2442862

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

RUFO, PAUL R  
9380 S TROPICAL TRAIL  
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: PD ( ) Delete  
Name: RUFO, PAUL R  
Address: 9380 S TROPICAL TRAIL  
City-St-Zip: MERRITT ISLAND, FL 32952

Title: VPD ( ) Delete  
Name: HEIRBAUM, RANDY  
Address: 9380 S TROPICAL TRAIL  
City-St-Zip: MERRITT ISLAND, FL 32952

Title: STD ( ) Delete  
Name: VISLOCKY, DANIEL  
Address: 9380 S TROPICAL TRAIL  
City-St-Zip: MERRITT ISLAND, FL 32952

**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: DANIEL VISLOCKY

STD

03/20/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date