

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000012560

FILED  
Mar 29, 2012  
Secretary of State

Entity Name: TROPICAL ISLES CO-OP, INC.

## Current Principal Place of Business:

281 TROPICAL ISLES CIRCLE  
FT PIERCE, FL 34982

## New Principal Place of Business:

333 17TH STREET  
SUITE 2L  
VERO BEACH, FL 32960

## Current Mailing Address:

281 TROPICAL ISLES CIRCLE  
FT PIERCE, FL 34982

## New Mailing Address:

333 17TH STREET  
SUITE 2L  
VERO BEACH, FL 32960

FEI Number: 20-8186428

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BONAN, ELIZABETH P ESQ  
789 S FEDERAL HWY  
STE 101  
STUART, FL 34994 US

## Name and Address of New Registered Agent:

AR CHOICE MANAGEMENT  
333 17TH STREET  
SUITE 2L  
VERO BEACH, FL 32960 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: ABE ABRAMCZYK

03/29/2012

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: PD  
Name: SOFEN, HARVEY  
Address: 281 TROPICAL ISLES CIRCLE  
City-St-Zip: FORT PIERCE, FL 34982

Title: VPSD  
Name: CULVER, JAMES  
Address: 281 TROPICAL ISLES CIRCLE  
City-St-Zip: FORT PIERCE, FL 34982

Title: TD  
Name: MCAFEE, MARILYN  
Address: 281 TROPICAL ISLES CIRCLE  
City-St-Zip: FORT PIERCE, FL 34982

Title: DD  
Name: TERLINO, FRANCIS  
Address: 281 TROPICAL ISLES CIRCLE  
City-St-Zip: FT PIERCE, FL 34982

Title: D  
Name: MORIN, JAMES  
Address: 281 TROPICAL ISLES CIRCLE  
City-St-Zip: FT PIERCE, FL 34982

Title: DD  
Name: SWISTARA, LUELLA  
Address: 281 TROPICAL ISLES CIRCLE  
City-St-Zip: FT PIERCE, FL 34982

I hereby 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 all other like empowered.

SIGNATURE: ABE ABRAMCZYK

MGM

03/29/2012

Electronic Signature of Signing Officer or Director

Date