

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000000993

FILED
Feb 17, 2009
Secretary of State

Entity Name: TMTFEE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

3725 12TH CT
VERO BEACH, FL 32960

New Principal Place of Business:

Current Mailing Address:

3725 12TH CT
VERO BEACH, FL 32960

New Mailing Address:

FEI Number: 20-8485348

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MAHOLTZ, MICHELE MD
3725 12TH CT
VERO BEACH, FL 32960 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: MAHOLTZ, MICHELE M.D.
Address: 1475 CORONA LN
City-St-Zip: VERO BEACH, FL 32963

Title: VPSD () Delete
Name: HALL, MINDY M D.M.D.
Address: 4429 16TH ST N
City-St-Zip: VERO BEACH, FL 32966

Title: D () Delete
Name: RENNICK, SANDRA G
Address: 979 BEACHLAND BLVD
City-St-Zip: VERO BEACH, FL 32963

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: JANICE L. GAY

MRS

02/17/2009

Electronic Signature of Signing Officer or Director

Date