2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2009
Secretary of State

DOCUMENT# N07835

Entity Name: TROPICAL HARBOR MOBILE HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

406 BEAVER RUN STREET
LAKE PLACID, FL 33852 US

New Principal Place of Business:

Current Mailing Address:

406 BEAVER RUN STREET
LAKE PLACID, FL 33852 US

New Mailing Address:

FEI Number: 59-2522188 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WOOD, JAMES
406 BEAVER RUN STREET
LAKE PLACID, FL 33852 US

Name and Address of New Registered Agent:

BECKER, JIM
527 BEACHCRAFT ST
LAKE PLACID, FL 33852 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: JIM BECKER 04/24/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: HAAG, WENDELL
Address: 330 BELLE GROVE
City-St-Zip: LAKE PLACID, FL 33852

Title: VP ( ) Delete
Name: REED, DOROTHY
Address: 323 BELLEFIELD AVE
City-St-Zip: LAKE PLACID, FL 33852

Title: D ( ) Delete
Name: WOOD, JAMES
Address: 406 BEAVER RUN STREET
City-St-Zip: LAKE PLACID, FL 33852

Title: T ( ) Delete
Name: COOPER, GRACE
Address: 318 BELLE GROVE ST
City-St-Zip: LAKE PLACID, FL 33852

Title: S (X) Delete
Name: JOHNSON, DOREEN
Address: 111 BEAUCHAMP STREET
City-St-Zip: LAKE PLACID, FL 33852

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VP (X) Change ( ) Addition
Name: WOOD, JAMES
Address: 406 BEAVER RUN STREET
City-St-Zip: LAKE PLACID, FL 33852

Title: T (X) Change ( ) Addition
Name: COOPER, GRACE
Address: 318 BELLE GROVE STREET
City-St-Zip: LAKE PLACID, FL 33852

Title: S (X) Change ( ) Addition
Name: CROMER, MARILYN
Address: 16 RICKERT DRIVE
City-St-Zip: LAKE PLACID, FL 33852

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: GRACE COOPER T 04/24/2009
Electronic Signature of Signing Officer or Director Date