

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07989

FILED
Mar 15, 2009
Secretary of State

Entity Name: TROPICAL SUITE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

725 S.E. PORT ST. LUCIE BLVD.
SUITE 205
PORT ST. LUCIE, FL 34984

New Principal Place of Business:

725 S.E. PORT ST. LUCIE BLVD.
SUITE 206
PORT ST. LUCIE, FL 34984

Current Mailing Address:

725 S.E. PORT ST. LUCIE BLVD.
SUITE 206
PORT ST. LUCIE, FL 34984 US

New Mailing Address:

725 S.E. PORT ST. LUCIE BLVD.
SUITE 206
PORT ST. LUCIE, FL 34984

FEI Number: 65-0119628

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ARMBRUSTER, MICHAEL
725 SE PORT ST. LUCIE BLVD.
SUITE 206
PORT ST. LUCIE, FL 34984 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: LEVINNESS, ED
Address: 725 SE PORT ST. LUCIE BV SUITE 105
City-St-Zip: PORT SAINT LUCIE, FL 34984

Title: SD () Delete
Name: ARMBRUSTER, MICHAEL E.
Address: 725 SE PSL BLVD., SUITE 206
City-St-Zip: PORT ST. LUCIE, FL

Title: TD () Delete
Name: BINETTE, STEVE
Address: 725 SE PORT ST. LUCIE BV SUITE 101
City-St-Zip: PORT SAINT LUCIE, FL 34984

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: MOCHAEL E. ARMBRUSTER

SD

03/15/2009

Electronic Signature of Signing Officer or Director

Date