

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000001621

FILED
Mar 13, 2009
Secretary of State

Entity Name: TROPICAL ISLES RENTER HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

5551 HEMINGWAY COURT
FORT PIERCE, FL 34982

New Principal Place of Business:

Current Mailing Address:

5551 HEMINGWAY COURT
FORT PIERCE, FL 34982

New Mailing Address:

FEI Number: 80-0157705

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HUNTER, DAVID E
5551 HEMINGWAY COURT
FORT PIERCE, FL 34982 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: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES () Change (X) Addition
Name: HUNTER, DAVID E
Address: 5551 HEMINGWAY COURT
City-St-Zip: FORT PIERCE, FL 34982 US

Title: VP () Change (X) Addition
Name: GALLAGHER, STEVEN
Address: 243 TRAVIS CAY PLACE
City-St-Zip: FORT PIERCE, FL 34982 US

Title: TREA () Change (X) Addition
Name: HAYNES, THOMAS
Address: 511 TROPICAL ISLES CIRCLE
City-St-Zip: FORT PIERCE, FL 34982 US

Title: SEC () Change (X) Addition
Name: KARPOWICZ, MACIA C
Address: 389 SEAHORSE TERRACE
City-St-Zip: FORT PIERCE, FL 34982 US

Title: DIR () Change (X) Addition
Name: HIRT, PHILIP
Address: 232 TRAVIS CAY PLACE
City-St-Zip: FORT PIERCE, FL 34982 US

Title: DIR () Change (X) Addition
Name: SMART, RALPH
Address: 344 SEAHORSE TERRACE
City-St-Zip: FORT PIERCE, FL 34982 US

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: MACIA C. KARPOWICZ

SEC

03/13/2009

Electronic Signature of Signing Officer or Director

Date