2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2009
Secretary of State

DOCUMENT# N08000005422

Entity Name: TRICITY COMMUNITY, INC

Current Principal Place of Business:

3354 SW MUNDY STREET
PORT SAINT LUCIE, FL 34953

New Principal Place of Business:

144 SW PEACOCK BLVD
PORT SAINT LUCIE, FL 34986

Current Mailing Address:

3354 SW MUNDY STREET
PORT SAINT LUCIE, FL 34953

New Mailing Address:

144 SW PEACOCK BLVD
PORT SAINT LUCIE, FL 34986

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ABNER, DEBORAH R
3354 SW MUNDY STREET
PORT SAINT LUCIE, FL 34953 US

Name and Address of New Registered Agent:

ABNER, DEBORAH R
144 SW PEACOCK BLVD
PORT SAINT LUCIE, FL 34986 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: _____ 04/06/2009
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: ABNER, DEBORAH R
Address: 3354 SW MUNDY STREET
City-St-Zip: PORT SAINT LUCIE, FL 34953

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: ABNER, DEBORAH R
Address: 144 SW PEACOCK BLVD
City-St-Zip: PORT SAINT LUCIE, FL 34986

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: DEBORAH R. ABNER OWNE 04/06/2009
Electronic Signature of Signing Officer or Director — Date