

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N20650

FILED
Apr 18, 2009
Secretary of State

Entity Name: TROPICAL EAST HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

2745 TROPICAL EAST CIRCLE
PORT SAINT LUCIE, FL 34952

New Principal Place of Business:

Current Mailing Address:

2745 TROPICAL EAST CIRCLE
PORT ST. LUCIE, FL 34952

New Mailing Address:

FEI Number: 65-0058100

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCINTIRE, AL
2536 TROPICAL EAST CIR
PORT SAINT LUCIE, FL 34952 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: P () Delete
Name: MCINTIRE, AL
Address: 2536 TROPICAL EAST CIR
City-St-Zip: PORT SAINT LUCIE, FL 34952

Title: VP () Delete
Name: HEMSLEY, FRED
Address: 2604 TROPICAL EAST CIR
City-St-Zip: PORT SAINT LUCIE, FL 34952

Title: T () Delete
Name: HANNA, JON
Address: 2545 TROPICAL EAST CIRCLE
City-St-Zip: PORT SAINT LUCIE, FL 34952

Title: D () Delete
Name: VARCA, REGINA
Address: 2538 TROPICAL EAST CIRCLE
City-St-Zip: PORT SAINT LUCIE, FL 34952

Title: D () Delete
Name: ROSE, JANILE
Address: 2746 TROPICAL EAST CIR
City-St-Zip: PORT SAINT LUCIE, FL 34952

Title: S () Delete
Name: ELLIOT, ROSEMARY
Address: 2615 TROPICAL EAST CIR
City-St-Zip: PORT SAINT LUCIE, FL 34952

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VP (X) Change () Addition
Name: LIBERATORE, DOMINIC
Address: 2629 TROPICAL EAST CIR
City-St-Zip: PORT SAINT LUCIE, FL 34952

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

Title: D (X) Change () Addition
Name: LYONS, DAN
Address: 2543 TROPICAL EAST CIRCLE
City-St-Zip: PORT SAINT LUCIE, FL 34952

Title: D (X) Change () Addition
Name: SMITH, DENISE
Address: 2636 TROPICAL EAST CIR
City-St-Zip: PORT SAINT LUCIE, FL 34952

Title: S (X) Change () Addition
Name: JOCHUMSEN, WINIFRED
Address: 2634 TROPICAL EAST CIR
City-St-Zip: PORT SAINT LUCIE, FL 34952

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: AL MCINTIRE

PRES

04/18/2009

Electronic Signature of Signing Officer or Director

Date