2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2011
Secretary of State

DOCUMENT# N20650

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

Title: VP
Name: JONES, MARK
Address: 2519 TROPICAL EAST CIR
City-St-Zip: PORT SAINT LUCIE, FL 34952

Title: T
Name: MARCY, MARILYN
Address: 2625 TROPICAL EAST CIRCLE
City-St-Zip: PORT SAINT LUCIE, FL 34952

Title: D
Name: ELLIOTT, ROSEMARY
Address: 2615 TROPICAL EAST CIRCLE
City-St-Zip: PORT SAINT LUCIE, FL 34952

Title: S
Name: RINALDO, PATRICIA
Address: 2639 TROPICAL EAST CIR
City-St-Zip: PORT SAINT LUCIE, FL 34952

I hereby 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 all other like empowered.

SIGNATURE: AL L MCINTIRE PRES 04/19/2011

Electronic Signature of Signing Officer or Director — Date