

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N23959

FILED  
Feb 19, 2008  
Secretary of State

**Entity Name:** TROPICAL VILLAGE OWNERS' ASSOCIATION, INC.

**Current Principal Place of Business:**

915 EISENHOWER DRIVE  
KEY WEST, FL 33040 US

**New Principal Place of Business:**

**Current Mailing Address:**

915 EISENHOWER DR  
KEY WEST, FL 33040 US

**New Mailing Address:**

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

KEY WEST HIDEAWAYS INC  
915 EISENHOWER DR  
KEY WEST, FL 33040 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: LUSTER, WILLIAM  
Address: 807 BEAVER ST  
City-St-Zip: SEWICKLEY, PA 15143

Title: STD ( ) Delete  
Name: LUSTER, JUNE  
Address: 807 BEAVER ST  
City-St-Zip: SEWICKLEY, PA 15143

Title: D ( ) Delete  
Name: MACNELLY, SUSAN  
Address: P O BOX 188  
City-St-Zip: FLINT HILL, VA 22627

Title: D ( ) Delete  
Name: KUNKEMOELLER, STEVE  
Address: P.O. BOX 30254  
City-St-Zip: CINCINNATI, OH 45230

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: LUSTER, WILLIAM  
Address: 699 BLACK BRANCH ROAD  
City-St-Zip: DEL RIO, TN 37727

Title: STD (X) Change ( ) Addition  
Name: LUSTER, JUNE  
Address: 699 BLACK BRANCH ROAD  
City-St-Zip: DEL RIO, TN 37727

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

Title: D (X) Change ( ) Addition  
Name: KUNKEMOELLER, STEVE  
Address: 793 WATCH POINT DRIVE  
City-St-Zip: CINCINNATI, OH 45230

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: WILLIAM CLARK LUSTER JR

PD

02/19/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date