2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2009
Secretary of State

DOCUMENT# N23959

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: 699 BLACK BRANCH ROAD
City-St-Zip: DEL RIO, TN 37727

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

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: 793 WATCH POINT DRIVE
City-St-Zip: CINCINNATI, OH 45230

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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 PD 04/14/2009

Electronic Signature of Signing Officer or Director — Date