

# **2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N23959

**FILED**  
**Jan 19, 2012**  
**Secretary of State**

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

**Current Principal Place of Business:**

219 SIMONTON STREET  
KEY WEST, FL 33040 US

**New Principal Place of Business:**

**Current Mailing Address:**

219 SIMONTON STREET  
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:**

BONE ISLAND VACATION RENTALS  
219 SIMONTON STREET  
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  
Name: LUSTER, WILLIAM  
Address: 699 BLACK BRANCH ROAD  
City-St-Zip: DEL RIO, TN 37727

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

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

Title: D  
Name: KUNKEMOELLER, STEVE  
Address: 793 WATCH POINT DRIVE  
City-St-Zip: CINCINNATI, OH 45230

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: CLARK LUSTER

PD

01/19/2012

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

\_\_\_\_\_  
Date