2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2006
Secretary of State

DOCUMENT# N25700

Entity Name: TCC PROPERTY OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

7601 SW LOST RIVER ROAD
STUART, FL 33496

New Principal Place of Business:

759 SOUTH FEDERAL HIGHWAY
SUITE 217
STUART, FL 34994

Current Mailing Address:

7601 SW LOST RIVER ROAD
STUART, FL 33496

New Mailing Address:

759 SOUTH FEDERAL HIGHWAY
SUITE 217
STUART, FL 34994

FEI Number: 65-0200298 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PERLSTEIN, ARNOLD ESQ
4801 S UNIVERSITY DRIVE
SND FLOOR
DAVIE, FL 33328 US

Name and Address of New Registered Agent:

CHRISTENSON, DAVID A
759 SOUTH FEDERAL HIGHWAY
SUITE 217
STUART, FL 34994 US

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: DAVID A. CHRISTENSON 01/25/2006
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: TABOR, MARTIN
Address: 7601 SW LOST RIVER ROAD
City-St-Zip: STUART, FL 33496

Title: SD ( ) Delete
Name: RAMOS, OSIRIS
Address: 7601 SW LOST RIVER ROAD
City-St-Zip: STUART, FL 33496

Title: D ( ) Delete
Name: TABOR, ABBY
Address: 7601 SW LOST RIVER ROAD
City-St-Zip: STUART, FL 33496

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: CHRISTENSON, DAVID A
Address: 759 SOUTH FEDERAL HIGHWAY, #217
City-St-Zip: STUART, FL 34994

Title: VD (X) Change ( ) Addition
Name: MCCRANEY, STEVEN E
Address: 2257 VISTA PARKWAY, SUITE 17
City-St-Zip: WEST PALM BEACH, FL 33411

Title: TD (X) Change ( ) Addition
Name: PEZZO, FRANK A
Address: 215 SE 8TH AVE.
City-St-Zip: BOYNTON BEACH, FL 33435

I hereby certify that the information supplied with this filing does not qualify for the 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: DAVID A. CHRISTENSON PD 01/25/2006
Electronic Signature of Signing Officer or Director Date