

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2008 08:00 AM
Secretary of State

DOCUMENT # N25700

1. Entity Name
TCC PROPERTY OWNERS ASSOCIATION, INC.



Principal Place of Business
759 SOUTH FEDERAL HIGHWAY
SUITE 217
STUART, FL 34994

Mailing Address
759 SOUTH FEDERAL HIGHWAY
SUITE 217
STUART, FL 34994



01092008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0200298

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

**Filing Fee is \$81.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

000000783868
01/16/08-80031-019 61.25

10. OFFICERS AND DIRECTORS

TITLE PD
NAME CHRISTENSON, DAVID A
STREET ADDRESS 759 SOUTH FEDERAL HIGHWAY, #217
CITY-ST-ZIP STUART, FL 34994

TITLE VD
NAME MCCRANEY, STEVEN E
STREET ADDRESS 2257 VISTA PARKWAY, SUITE 17
CITY-ST-ZIP WEST PALM BEACH, FL 33411

TITLE TD
NAME PEZZO, FRANK A
STREET ADDRESS 215 SE 8TH AVE.
CITY-ST-ZIP BOYNTON BEACH, FL 33435

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-11-08

772-260-8920