

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N25700

FILED  
Mar 09, 2009  
Secretary of State

**Entity Name:** TCC PROPERTY OWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

759 SOUTH FEDERAL HIGHWAY  
SUITE 217  
STUART, FL 34994

**New Principal Place of Business:**

**Current Mailing Address:**

759 SOUTH FEDERAL HIGHWAY  
SUITE 217  
STUART, FL 34994

**New Mailing Address:**

**FEI Number:** 65-0200298

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CHRISTENSON, DAVID A  
759 SOUTH FEDERAL HIGHWAY  
SUITE 217  
STUART, FL 34994 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: CHRISTENSON, DAVID A  
Address: 759 SOUTH FEDERAL HIGHWAY, #217  
City-St-Zip: STUART, FL 34994

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

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

**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:

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: DAVID A. CHRISTENSON

MR.

03/09/2009

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

\_\_\_\_\_  
Date