

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N37421

FILED
Jan 30, 2009
Secretary of State

Entity Name: TROPICAL SHORES ESTATES HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

5514 OLD OCEAN BLVD
OCEAN RIDGE, FL 33435

New Principal Place of Business:

Current Mailing Address:

5514 OLD OCEAN BLVD
OCEAN RIDGE, FL 33435

New Mailing Address:

FEI Number: 65-0202455

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCINTYRE, LINDA
5514 OLD OCEAN BLVD
OCEAN RIDGE, FL 33435 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: PSD () Delete
Name: MCINTYRE, LINDA,
Address: 5514 OLD OCEAN BLVD
City-St-Zip: OCEAN RIDGE, FL

Title: D () Delete
Name: ARCELAY, KEN & LILLIANE
Address: 5516 OLD OCEAN BLVD
City-St-Zip: OCEAN RIDGE, FL

Title: D () Delete
Name: MCINTYRE, CHARLES
Address: 5514 OLD OCEAN BLVD.
City-St-Zip: OCEAN RIDGE, FL

Title: D () Delete
Name: MAY, JOHN
Address: 5512 OLD OCEAN BLVD.
City-St-Zip: OCEAN RIDGE, FL

Title: D () Delete
Name: MCGINN, LYNNE
Address: 5518 OLD OCEAN BLVD.
City-St-Zip: OCEAN RIDGE, FL 33425

Title: PRES () Delete
Name: MCINTYRE, LINDA
Address: 5514 OLD OCEAN BLVD
City-St-Zip: OCEAN RIDGE, 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:

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: LINDA MCINTYRE

PRES

01/30/2009

Electronic Signature of Signing Officer or Director

Date