2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 08, 2009
Secretary of State

DOCUMENT# N38527

Entity Name: TROPIC SHORES CONDOMINIUM ASSOCIATION OF VOLUSIA COUNTY, INC.

Current Principal Place of Business:

3111 S ATLANTIC AVE
DAYTONA BCH, FL 32118

New Principal Place of Business:

3111 S ATLANTIC AVE
DAYTONA BCH SHORES, FL 32118

Current Mailing Address:

3111 S ATLANTIC AVE
DAYTONA BCH, FL 32118

New Mailing Address:

3111 S ATLANTIC AVE
DAYTONA BCH SHORES, FL 32118

FEI Number: 59-3037141 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KRAMER, ROBERT
555 W. GRANADA
SUITE A-9
ORMOND BEACH, FL 32174 US

Name and Address of New Registered Agent:

CASEY, R. BROOKS
340 N. CAUSEWAY
NEW SMYRNA BEACH, FL 32169 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: R. BROOKS CASEY 03/08/2009
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: DT ( ) Delete
Name: LEONARD, CURTIS
Address: 3429 S. PENINSULA DR.
City-St-Zip: DAYTONA BEACH, FL 32118

Title: DS ( ) Delete
Name: SENDELBACH, MARILYN
Address: 3835 PLANTATION BLVD
City-St-Zip: LEESBURG, FL 34748

Title: DP ( ) Delete
Name: RISPOLI, FRED
Address: 699 SW 59TH ST
City-St-Zip: OCALA, FL 34474

Title: DVP ( ) Delete
Name: GALLANT, PAUL
Address: 15012 COLLEY DR
City-St-Zip: TAVARES, FL 32778

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DT (X) Change ( ) Addition
Name: LEONARD, CURTIS
Address: 3429 S. PENINSULA DR.
City-St-Zip: DAYTONA BEACH SHORES, FL 32118

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: DP (X) Change ( ) Addition
Name: RISPOLI, FRED
Address: 699 SW 59TH ST
City-St-Zip: OCALA, FL 34471

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: FRED RISPOLI DP 03/08/2009
Electronic Signature of Signing Officer or Director — Date