

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N42440

FILED  
Apr 29, 2009  
Secretary of State

**Entity Name:** TROPIC ISLES HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

351 TAMPICO DR  
PALMETTO, FL 34221 US

**New Principal Place of Business:**

2800 TRINIDAD WAY  
PALMETTO, FL 34221 US

**Current Mailing Address:**

351 TAMPICO DR  
PALMETTO, FL 34221 US

**New Mailing Address:**

2800 TRINIDAD WAY  
PALMETTO, FL 34221 US

**FEI Number:** 59-2396106

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

WHITEHEAD, LARRY  
351 TAMPICO DR  
PALMETTO, FL 34221 US

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

FOGG, CARLTON D  
2800 TRINIDAD WAY  
PALMETTO, FL 34221 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: CARLTON FOGG

04/29/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: WHITEHEAD, LARRY  
Address: 351 TAMPICO DR.  
City-St-Zip: PALMETTO, FL 34221

Title: PD ( ) Delete  
Name: VERN, JANET  
Address: 205 BIMINI DR  
City-St-Zip: PALMETTO, FL 34221

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D (X) Change ( ) Addition  
Name: ANTONACCI, ANN  
Address: 37 FLORES DR  
City-St-Zip: PALMETTO, FL 34221

Title: PD (X) Change ( ) Addition  
Name: VERN, JANET  
Address: 205 BIMINI DR  
City-St-Zip: PALMETTO, FL 34221 US

Title: TSD ( ) Change (X) Addition  
Name: STEWART, ALEX  
Address: 224 BIMINI DR  
City-St-Zip: PALMETTO, FL 34221 US

Title: D ( ) Change (X) Addition  
Name: FOGG, CARLTON  
Address: 2800 TRINIDAD WAY  
City-St-Zip: PALMETTO, FL 34221 US

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: JANET VERN

PD

04/29/2009

Electronic Signature of Signing Officer or Director

Date