


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 27, 2008 08:00 AM**  
**Secretary of State**

DOCUMENT # N93000004731 1. Entity Name SOUTH TROPICAL COVE HOMEOWNERS' ASSOCIATION, INC.	
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Principal Place of Business P.O. BOX 542423 MERRITT ISLAND, FL 32954 US	Mailing Address P.O. BOX 542423 MERRITT ISLAND, FL 32954 US
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DO NOT WRITE IN THIS SPACE



02192008 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-3207627	Applied For Not Applicable
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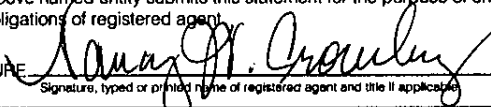
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent

CROWLEY, NANCY  
 1160 TROPICAL COVE DR  
 MERRITT ISLAND, FL 32952

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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:  DATE: 2-20-08

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25**  
**Due by May 1, 2008**

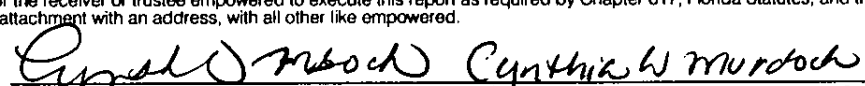
9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PALIN, JENNIFER 1100 TROPICAL COVE DR. MERRITT ISLAND, FL 32952
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD MURDOCH, CINDY 3141 LOST LAGOON CT MERRITT ISLAND, FL 32952
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CROWLEY, NANCY 1160 TROPICAL COVE DR MERRITT ISLAND, FL 32952
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CROWLEY, NANCY 1160 TROPICAL COVE DRIVE MERRITT ISLAND, FL 32952
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000840984  
 03/07/08-80015-020 61.25

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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:  Date: 2/19/08 321-459-0880

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR