

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000004731

FILED
Feb 21, 2009
Secretary of State

Entity Name: SOUTH TROPICAL COVE HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

P.O. BOX 542423
MERRITT ISLAND, FL 32954 US

New Principal Place of Business:

1160 TROPICAL COVE DR.
MERRITT ISLAND, FL 32952 US

Current Mailing Address:

P.O. BOX 542423
MERRITT ISLAND, FL 32954 US

New Mailing Address:

FEI Number: 59-3207627 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

CROWLEY, NANCY
1160 TROPICAL COVE DR
MERRITT ISLAND, FL 32952 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: PALIN, JENNIFER
Address: 1100 TROPICAL COVE DR.
City-St-Zip: MERRITT ISLAND, FL 32952

Title: VPD () Delete
Name: MURDOCH, CINDY
Address: 3141 LOST LAGOON CT
City-St-Zip: MERRITT ISLAND, FL 32952

Title: TD () Delete
Name: CROWLEY, NANCY
Address: 1160 TROPICAL COVE DR
City-St-Zip: MERRITT ISLAND, FL 32952

Title: SD () Delete
Name: CROWLEY, NANCY
Address: 1160 TROPICAL COVE DRIVE
City-St-Zip: MERRITT ISLAND, FL 32952

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: PALIN, JENIFER
Address: 1100 TROPICAL COVE DR.
City-St-Zip: MERRITT ISLAND, FL 32952

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: NANCY CROWLEY

S/D

02/21/2009

Electronic Signature of Signing Officer or Director

Date