

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000004731

FILED
Jan 12, 2012
Secretary of State

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

Current Principal Place of Business:

1160 TROPICAL COVE DR.
MERRITT ISLAND, FL 32952 US

New Principal Place of Business:

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
Name: PALIN, JENIFER
Address: 1100 TROPICAL COVE DR.
City-St-Zip: MERRITT ISLAND, FL 32952

Title: VPD
Name: HARTMAN, WALTER
Address: 3140 LOST LAGOON CT
City-St-Zip: MERRITT ISLAND, FL 32952

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

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

I hereby 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 all other like empowered.

SIGNATURE: NANCY CROWLEY

SD

01/12/2012

Electronic Signature of Signing Officer or Director

Date