

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000000649

FILED
Jan 27, 2008
Secretary of State

Entity Name: TROPICAL WAY HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

140 WEST TROPICAL WAY
PLANTATION, FL 33317

New Principal Place of Business:

Current Mailing Address:

140 WEST TROPICAL WAY
PLANTATION, FL 33317

New Mailing Address:

FEI Number: 65-0644303

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

VILLADSEN, LOU A
140 WEST TROPICAL WAY
PLANTATION, FL 33317 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: TAYLOR, SCOTT
Address: 341 E TROPICAL WAY
City-St-Zip: PLANTATION, FL 33317

Title: VPD () Delete
Name: DEROSE, LARRY
Address: 141 E TROPICAL WAY
City-St-Zip: PLANTATION, FL 33317

Title: TR () Delete
Name: VILLADSEN, LOU A
Address: 140 W TROPICAL WAY
City-St-Zip: PLANTATION, FL 33317

Title: SEC () Delete
Name: BEEKMANN, JANE
Address: 601 E TROPICAL WAY
City-St-Zip: PLANTATION, FL 33317

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: DEROSE, LAWRENCE
Address: 141 E TROPICAL WAY
City-St-Zip: PLANTATION, FL 33317

Title: VPD (X) Change () Addition
Name: BEEKMANN, JANE
Address: 601 E TROPICAL WAY
City-St-Zip: PLANTATION, FL 33317

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: L A VILLADSEN

TR

01/27/2008

Electronic Signature of Signing Officer or Director

Date