

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000001164

FILED  
Feb 18, 2010  
Secretary of State

**Entity Name:** TROPICAL HAVEN HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

1205 EDDIE ALLEN ROAD  
MELBOURNE, FL 32901

**New Principal Place of Business:**

**Current Mailing Address:**

1205 EDDIE ALLEN ROAD  
MELBOURNE, FL 32901

**New Mailing Address:**

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired ( )**

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

MACHOS, DOUGLAS  
737 FLOYD BENNETT DR  
MELBOURNE, FL 32901 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: P  
Name: MACDONALD, DAVE  
Address: 1808 POLEBROOK RD  
City-St-Zip: MELBOURNE, FL 32901

Title: V  
Name: HUBBARD, NOAH  
Address: 1320 POLEBROOK RD  
City-St-Zip: MELBOURNE, FL 32901

Title: S  
Name: COMSTOCK, RUTH  
Address: 1216 STANSTEAD RD  
City-St-Zip: MELBOURNE, FL 32901

Title: D  
Name: HEALTH, ANNA MAE  
Address: 670 FLOYD BENNETT DR  
City-St-Zip: MELBOURNE, FL 32901

Title: D  
Name: EMPFIELD, DONALD  
Address: 606 HICKAM DR  
City-St-Zip: MELBOURNE, FL 329010

Title: D  
Name: TRUCHAN, THOMAS  
Address: 642 HICKAM DR  
City-St-Zip: MELBOURNE, FL 32901

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: DOUGLAS MACHOS

TREA

02/18/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date