2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000005152

FILED Apr 05, 2011 Secretary of State

Entity Name: TROPICAL ISLE CONDOMINIUM OWNERS ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

683 NAUTILUS COURT FORT WALTON BEACH, FL 32548

Current Mailing Address: New Mailing Address:

1114 SANTA ROSA BLVD 907 LOIS STREET

FORT WALTON BEACH, FL 32548 FORT WALTON BEACH, FL 32547

FEI Number: 59-3425463 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

CORSENTINO, CHARLES % BEACON RESORT MANAGEMENT 1114 SANTA ROSA BLVD FORT WALTON, FL 32548 US CORSENTINO, CHARLES % BEACON RESORT MANAGEMENT 907 LOIS STREET FORT WALTON, FL 32547 US

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: 04/05/2011

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Γitle: PD

Name: APPE, MICHAEL Address: 1901 SQUIRREL PATH

City-St-Zip: FORT WALTON BEACH, FL 32548

Title: VPD

Name: CORSENTINO, CINDY K Address: 907 LOIS STREET

City-St-Zip: FORT WALTON BEACH, FL 32547

Title: TD

Name: EDLUND, CAROL Address: 453 CAVIAR

City-St-Zip: FORT WALTON BEACH, FL 32548

Title: SD

Name: EDLUND, ELIZABETH
Address: 2815 VENETIAN GARDEN
City-St-Zip: GULF BREEZE, FL 32561

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: CAROL EDLUND TD 04/05/2011