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2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N99000000194

1. Entity Name



FILED

Jun 13, 2008 8:00 am Secretary of State 06-13-2008 90002 008 ****61.25

	O TINACI	E RECREATION AS	BOOKI	1014, 1140.								
Principal Place of Business TROPICAL ISLES MANAGEMENT SERVICES, INC. 12734 KENWOOD LN, STE 49 FORT MYERS, FL 33907			Mailing Address TROPICAL ISLES MANAGEMENT SERVICES, INC. 12734 KENWOOD LN, STE 49 FORT MYERS, FL 33907									
2. Principal f	Place of Busin	ness - No P.O. Box#	3. Mailing	Address								
Suite, Apt.	#, etc.		Suite,	Apt. #, etc.			05282008	Chg-NP	CR2E037	' (12/06)		
City & State			City &			4. FEI Number 65-0894	846		Applied For Not Applicable			
Zip Country			Zip Country				5. Certificate of Status Desired Security Securi					
	6. Name	and Address of Current	Registered A	Agent	Name		7. Name and A	ddress of New Re	egistered Ag	jent		
TROPICA	L ISLES M	IANAGEMENT SERV	ICES, INC	o .	Name							
12734 KE FORT MY		ANE, STE 49 33907			Street Address		(P.O. Box Number is Not Acceptable)					
					City		 .			I 7: 0 :		
P. The chave				·	City		·		FL	Zip Code		
the obliga	named entit tions of regist	y submits this statement for tered agent.	the purpose	e of changing its r	egistered office or	or registere	ed agent, or both,	, in the State of Flo	rida. I am fa	miliar with, and accept		
SIGNATURE												
	Signature, typed	or printed name of registered agent a	and title if applicati	ole. (NOTE:	Registered Agent signati	ture required	when reinstating)		DATE			
D	_	e is \$61.25 otember 12, 2008		9. Election Camp Trust Fund Co			\$5.00 May Be Added to Fees		ake check da Departn	payable to nent of State		
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2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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1. Entity Nan	MENT # N99000000 s trace recreation as				ATTAC	HMENI		
TROPICAL IS	e of Business LES Management Services, Inc. Nood Ln, Ste 49 5, FL 33907	ement services Te 49 7	S, INC.	11510	1926	. [
2. Principal F	Place of Business - No P.O. Box #	3. Mailing Address			7010	1836	96	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		05	292008 Chg-NP	CR2E037	(12/06)	
City & State		City & State		4.	FEI Number 65-0894846			plied For t Applicable
Zip	Country	Zip	Country	5.	Certificate of Status De		8.75 Add ee Required	
	6. Name and Address of Current	Registered Agent		7.	Name and Address of	New Registered Ag	ent	
TROPICAL	L ISLES MANAGEMENT SERV	/ICES, INC.	Name					
	NWOOD LANE, STE 49 ERS, FL 33907	, .	Street Ac	ddress (P.O. I	Box Number is Not Acc	eptable)		
			City			FL	Zip Code	Ð
	named entity submits this statement fo tions of registered agent.	r the purpose of changing its re	egistered office or	registered ag	gent, or both, in the Stal	e of Florida. I am fai	miliar with,	and accept
0.0								
	Signature, typed or printed name of registered agent	and title if applicable. (NOTE:	Registered Agent signatu	re required when r	reinstating)	DATE		
D	Signature, typed or printed name of registered agent Filling Fee is \$61.25 ue by September 12, 2008	9. Election Camp Trust Fund Co	paign Financing	\$5.	00 May Be ad to Fees	Make check p		
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATUSE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2.39-593-4313 440-974-2004

Daytime Phone #

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