

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000091100

Entity Name: TP HOMES AND COMMUNITIES, INC.

FILED
Apr 03, 2008
Secretary of State

Current Principal Place of Business:

HEADWAY OFFICE PARK
4780 N. STATE ROAD 7
LAUDERDALE LAKES, FL 33319 US

New Principal Place of Business:

Current Mailing Address:

HEADWAY OFFICE PARK
4780 N. STATE ROAD 7
LAUDERDALE LAKES, FL 33319 US

New Mailing Address:

FEI Number: 20-5426022 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

CREGAN, KEVIN
4780 N. STATE ROAD 7
LAUDERDALE LAKES, FL 33319 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MCKINLEY, JAMES R
Address: 545 NORTH ANDREWS AVENUE
City-St-Zip: FT. LAUDERDALE, FL 33301 US

Title: SD () Delete
Name: COBO, JOSEPH M
Address: 224 COMMERCIAL BLVD., SUITE 200
City-St-Zip: FT. LAUDERDALE, FL 33308 US

Title: TD () Delete
Name: AURELIUS, JOHN E
Address: 4367 N. FEDERAL HIGHWAY, SUITE 101
City-St-Zip: FT. LAUDERDALE, FL 33308 US

Title: D () Delete
Name: DAY, SHARON
Address: 3100 NORTH OCEAN BLVD., #2808
City-St-Zip: FT. LAUDERDALE, FL 33308 US

Title: D () Delete
Name: NUNEZ, MERCEDES
Address: 1915 ANDROMEDA LANE
City-St-Zip: WESTON, FL 33327 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES R. MCKINLEY

PD

04/03/2008

Electronic Signature of Signing Officer or Director

_____ Date