

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000002553

Entity Name: TROPICAL COVE HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

11691 GATEWAY BOULEVARD
SUITE 203
FORT MYERS, FL 33913

Current Mailing Address:

11691 GATEWAY BOULEVARD
SUITE 203
FORT MYERS, FL 33913 US

FEI Number: 20-2233700

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

VISION MANAGEMENT
11691 GATEWAY BOULEVARD
SUITE 203
FORT MYERS, FL 33913 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:

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title TSD
Name PETTINATO, RICHARD
Address 8862 TROPICAL CT.
City-State-Zip: FORT MYERS FL 33908

Title PRESIDENT
Name ZELDON, EVAN
Address 11691 GATEWAY BLVD SUITE 203
City-State-Zip: FORT MYERS FL 33913

Title VP
Name CLOSSER, JERRY
Address 11691 GATEWAY BOULEVARD
SUITE 203
City-State-Zip: FORT MYERS FL 33913

Title DIRECTOR
Name KOLSUN, JOBY
Address 11691 GATEWAY BOULEVARD
SUITE 203
City-State-Zip: FORT MYERS FL 33913

Title DIRECTOR
Name CAMPBELL, SAM
Address 11691 GATEWAY BOULEVARD
SUITE 203
City-State-Zip: FORT MYERS FL 33913

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: PETTINATO , RICHARD

TSD

04/20/2018

Electronic Signature of Signing Officer/Director Detail

Date