

**NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # *no200000461*

1. Entity Name  
*Tropical Paradise Homeowner's  
Association of Brevard, Inc.*



FILED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
*143 Rainbow St.*  
Suite, Apt. #, etc.

3. Mailing Address  
*143 Rainbow St.*  
Suite, Apt. #, etc.

City & State  
*Merritt Island, FL*

City & State  
*Merritt Island, FL*

4. FEI Number  Applied For  
Not Applicable

Zip Country  
*32952 USA*

Zip Country  
*32952 USA*

5. Certificate of Status Desired  **\$8.75 Additional  
Fee Required**

**REINSTATEMENT**

**DO NOT WRITE  
IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

Name *Jody McKenna*  
Street Address (P.O. Box Number is Not Acceptable)

*143 Rainbow St.*  
City *Merritt Island* FL Zip Code *32952*

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Jody McKenna*

Signature typed or printed in the name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

*7/21/04*  
DATE

**FEE IS \$61.25  
Initial or Amended UBR**

9. Election Campaign Financing  
Trust Fund Contribution.  **\$5.00** May Be  
Added to Fees

**Make Check Payable to  
Florida Department of State**

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>President Bob West 192 Rainbow St Merritt Island, FL 32952</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Vice President Lisa Koenig 103 Rainbow St Merritt Island, FL 32952</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Treasurer Sharon Busse 133 Rainbow St Merritt Island, FL 32952</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Secretary Jody McKenna 143 Rainbow St Merritt Island, FL 32952</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>700040063787 08/10/04--01087--008 **297.50</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Jody McKenna*

*7/21/04 321-269-6330*

CR2E037B (12/02)