

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000004461

FILED
Apr 14, 2009
Secretary of State

Entity Name: TROPICAL PARADISE HOMEOWNER'S ASSOCIATION OF BREVARD, INC.

Current Principal Place of Business:

153 RAINBOW ST.
MERRITT ISLAND, FL 32952

New Principal Place of Business:

Current Mailing Address:

152 RAINBOW ST.
MERRITT ISLAND, FL 32952

New Mailing Address:

153 RAINBOW ST.
MERRITT ISLAND, FL 32952 BR

FEI Number: 04-3692980

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WILCZEK, GERALD J
152 RAINBOW ST.
MERRITT ISLAND, FL 32952 US

Name and Address of New Registered Agent:

BRYANT, JOEL T
153 RAINBOW ST.
MERRITT ISLAND, FL 32952 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: JOEL T BRYANT

04/14/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: BRYANT, J T
Address: 153 RAINBOW ST.
City-St-Zip: MERRITT ISLAND, FL 32952

Title: V () Delete
Name: DELGADO, MIGUEL
Address: 212 RAINBOW ST.
City-St-Zip: MERRITT ISLAND, FL 32952

Title: T () Delete
Name: WILCZEK, GERALD
Address: 152 RAINBOW ST.
City-St-Zip: MERRITT ISLAND, FL 32952

Title: S () Delete
Name: KURACZ, PAUL
Address: 132 RAINBOW ST
City-St-Zip: MERRITT ISLAND, FL 32952

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: T (X) Change () Addition
Name: BRYANT, J T
Address: 153 RAINBOW ST.
City-St-Zip: MERRITT ISLAND, FL 32952

Title: P (X) Change () Addition
Name: DELGADO, MIGUEL
Address: 212 RAINBOW ST.
City-St-Zip: MERRITT ISLAND, FL 32952

Title: V (X) Change () Addition
Name: VAN AUSDALL, JERRY
Address: 203 RAINBOW ST.
City-St-Zip: MERRITT ISLAND, FL 32952

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

SIGNATURE: JOEL T BRYANT

TREA

04/14/2009

Electronic Signature of Signing Officer or Director

Date