

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 712893

Entity Name: TROPICAL PARK CIVIC ORGANIZATION, INC.**Current Principal Place of Business:**WOODY SIMPSON PARK RECREATION CNTR.
1590 SCHOOLHOUSE STREET
MERRITT ISLAND, FL 32953**Current Mailing Address:**C/O LINDA J MCDONALD
P.O. BOX 541442
MERRITT ISLAND, FL 32954-1442 US**FEI Number:** 59-3538911**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**MCDONALD, LINDA J
470 LINCOLN AVENUE
MERRITT ISLAND, FL 32953 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	V
Name	SCHALL, DIANE
Address	1550 N TROPICAL TRAIL
City-State-Zip:	MERRITT ISLAND FL 32953

Title	D
Name	JACKSON, EVON
Address	3370 TIPPERARY DRIVE
City-State-Zip:	MERRITT ISLAND FL 32953

Title	T
Name	KING, LUELLA
Address	300 SAWYER AVENUE
City-State-Zip:	MERRITT ISLAND FL 32953

Title	P
Name	MCDONALD, MICHAEL
Address	470 LINCOLN AVENUE
City-State-Zip:	MERRITT ISLAND FL 32953

Title	D
Name	WILLIAMS III, RALPH
Address	1545 N TROPICAL TRAIL
City-State-Zip:	MERRITT ISLAND FL 32953

Title	S
Name	MCDONALD, LINDA J
Address	470 LINCOLN AVENUE
City-State-Zip:	MERRITT ISLAND FL 32953

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: LINDA J MCDONALD**SECRETARY****04/10/2018**_____
Electronic Signature of Signing Officer/Director Detail_____
Date