

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N02000004461

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

**FILED**  
**Jun 10, 2020**  
**Secretary of State**  
**5390743924CC**

**Current Principal Place of Business:**

143 RAINBOW ST.  
MERRITT ISLAND, FL 32952

**Current Mailing Address:**

143 RAINBOW ST.  
MERRITT ISLAND, FL 32952 US

**FEI Number: 04-3692980**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

MCKENNA, DAVID M  
143 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: DAVID M. MCKENNA**

**06/10/2020**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title T  
Name MCKENNA, DAVID M  
Address 143 RAINBOW ST.  
City-State-Zip: MERRITT ISLAND FL 32952

Title P  
Name MIRACLE, BRUCE A  
Address 152 RAINBOW ST.  
City-State-Zip: MERRITT ISLAND FL 32952

Title S  
Name OLIVER, MICHAEL  
Address 142 RAINBOW ST  
City-State-Zip: MERRITT ISLAND FL 32952

Title VP  
Name BRAND, KATHLEEN G  
Address 173 RAINBOWSTREET  
City-State-Zip: MERRITT ISLAND FL 32952

*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: DAVID MCKENNA**

**TREASURER**

**06/10/2020**

Electronic Signature of Signing Officer/Director Detail

Date