## **2005 NOT-FOR-PROFIT CORPORATION**

## FILED Apr 12, 2005 8:00 am Secretary of State

ANNUAL	REPORT	
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DOCUMENT # 712893  1. Entity Name TROPICAL PARK CIVIC ORGANIZATION, INC.						04-12-2005 90152 045 ****70.00				
Principal Place of Business WOODY SIMPSON PARK RECREATION CNTR. P.O. BOX 541022 MERRITT ISLAND, FL 32954-1022 MERRITT ISLAND, FL 32954-1022 MERRITT ISLAND, FL 32954-1022				•	N CNTR.					
2. Principal Place of Business 3. M.		Mailing Address								
Suite, Apt. #, etc.		St	Suite, Apt. #, etc.			04052005	Chg-NP	CR2E037	(10/03)	
City & State		Ci	City & State		4. FEI Numbe NOT AP	PLICABLE		1	plied For t Applicable	
Zip	Country	Zìı	P	Country		5. Certificate	of Status Desired		8.75 Add se Required	
	6. Name and Address of C	Current Registere	ed Agent	No.	me	7. Name and	Address of New F	Registered Ag	ent	
	D, MICHAEL E					200				
	OLN AVENUE ISLAND, FL 32953			Str	eet Address (	P.O. Box Numbe	r is Not Acceptabl	e)		
				Cit	у			FL	Zip Code	·
8. The above	named entity submits this state	ment for the purp	ose of changing its re	egistered of	ice or registe	red agent, or bot	h, in the State of Fl		niliar with, a	and accept
the obligati	ions of registered agent.									
SIGNATURE .										
0,0.0	Signature, typed or printed name of registe	red agent and bite if ap	DICEDIO. (NOTE:	Registered Agen	signatura requies	d when reinstating)		DATE		
Filing Fee is \$61.25 Due by May 1, 2005									,	
	_		9. Election Camp Trust Fund Co		ing 🔲	\$5.00 May B Added to Fees		lake check p rida Departm		
10.	Due by May 1, 2005 OFFICERS	AND DIRECTORS	Trust Fund Co			Added to Fees		rida Departm	ent of St	ate
FITLE	OFFICERS /	AND DIRECTORS	Trust Fund Co	11.		Added to Fees	Flo	r <b>ida Departm</b> ERS AND DIRE	ent of St	ate
	Due by May 1, 2005 OFFICERS	AND DIRECTORS	Trust Fund Co	ntribution.		Added to Fees	Flo	r <b>ida Departm</b> ERS AND DIRE	CTORS IN	ate 10
FITLE NAME	OFFICERS / V MCDONALD, MICHAEL 470 LINCOLN AVENUE MERRITT (SLAND, FL 32	,	Trust Fund Co	11. TITLE	RESS	Added to Fees	Flo	r <b>ida Departm</b> ERS AND DIRE	CTORS IN	ate 10
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	OFFICERS // V MCDONALD, MICHAEL 470 LINCOLN AVENUE MERRITT (SLAND, FL 32)	,	Trust Fund Co	Ontribution.  11.  TITLE  NAME  STREET ADD  CITY-ST-ZI	RESS	Added to Fees	Flo	rida Departm ERS AND DIRE [	CTORS IN	ate 10
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	OFFICERS // V MCDONALD, MICHAEL 470 LINCOLN AVENUE MERRITT ISLAND, FL 32 P PAYNE, DAPHNE	953	Trust Fund Co	11. TITLE NAME STREET ADD CITY-ST-ZI TITLE NAME	RESS	Added to Fees	Flo	rida Departm ERS AND DIRE [	CTORS IN Change	ate 10 Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	OFFICERS // V MCDONALD, MICHAEL 470 LINCOLN AVENUE MERRITT (SLAND, FL 32)	953	Trust Fund Co	Ontribution.  11.  TITLE  NAME  STREET ADD  CITY-ST-ZI	RESS Dele	Added to Fees	Flo	rida Departm ERS AND DIRE [	CTORS IN Change	ate 10 Addition
TITLE NAME STREET ADORESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Due by May 1, 2005  OFFICERS A  V  MCDONALD, MICHAEL  470 LINCOLN AVENUE  MERRITT ISLAND, FL 32  P  PAYNE, DAPHNE  986 SABLE GROVE DRIV  ROCKLEDGE, FL 32955  T	953	Trust Fund Co	11. TITLE NAME STREET ADD CITY-ST-ZI TITLE NAME STREET ADD	RESS Dele	Added to Fees	Flo	rida Departm ERS AND DIRE	CTORS IN Change	ate 10 Addition
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unucated on trus 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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Michael Wald SIGNATURE AND TYPED OR PRINTED HAME OF SIGNING OFFICER OR DIRECTOR