

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 14, 2006 8:00 am
Secretary of State

03-14-2006 90037 014 ****70.00

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1. Entity Name
TROPICAL PARK CIVIC ORGANIZATION, INC.



Principal Place of Business
**WOODY SIMPSON PARK RECREATION CNTR.
P.O. BOX 541022
MERRITT ISLAND, FL 32954-1022**

Mailing Address
**WOODY SIMPSON PARK RECREATION CNTR.
P.O. BOX 541022
MERRITT ISLAND, FL 32954-1022**

DO NOT WRITE IN THIS SPACE

02062006 No Chg-NP CR2E037 (11/05)

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**MCDONALD, MICHAEL E
470 LINCOLN AVENUE
MERRITT ISLAND, FL 32953**

**DO NOT WRITE
IN THIS SPACE**

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 Michael McDonald **Michael McDonald, Vice-President** **03/06/06**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reconstituting) DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

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

10. OFFICERS AND DIRECTORS

TITLE	V
NAME	MCDONALD, MICHAEL
STREET ADDRESS	470 LINCOLN AVENUE
CITY - ST - ZIP	MERRITT ISLAND, FL 32953
TITLE	D
NAME	PAYNE, DAPHNE
STREET ADDRESS	986 SABLE GROVE DRIVE
CITY - ST - ZIP	ROCKLEDGE, FL 32955
TITLE	T
NAME	JACKSON, EVON
STREET ADDRESS	3370 TIPPERARY DR.
CITY - ST - ZIP	MERRITT ISLAND, FL 32953
TITLE	P
NAME	HOUSTON, ISAAC
STREET ADDRESS	1433 N TROPICAL TRAIL
CITY - ST - ZIP	MERRITT ISLAND, FL 32953
TITLE	D
NAME	JACOBS, DESSIE
STREET ADDRESS	310 ST. REGIS DRIVE
CITY - ST - ZIP	MERRITT ISLAND, FL 32953
TITLE	S
NAME	MCDONALD, LINDA L
STREET ADDRESS	470 LINCOLN AVENUE
CITY - ST - ZIP	MERRITT ISLAND, FL 32953

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 McDonald
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/06/06 **321-454-2432**
Date Daytime Phone #