

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 726411 (2)

1. Corporation Name
TROPIC GROVES, INC.

**APPROVED
AND
FILED**

95 APR 24 AM 8:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
% ELLIOTT MANAGEMENT SYSTEMS
1105 12TH STREET
VERO BEACH FL 32960

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2a. Mailing Address
21 **40 Elliott Merrill Community Mgmt** 26 **40 Elliott Merrill Community Mgmt.**
Suite, Apt. #, etc. / Suite, Apt. #, etc.
22 **1105 12th St.** 27 **1105 12th St**
City & State City & State
23 **Vero Beach, FL** 28 **Vero Beach, FL**
Zip Country Zip Country
24 **32960 USA** 29 **32960 USA** 30 **USA**

3. Date Incorporated or Qualified 3a. Date of Last Report
05/09/1973 **04/26/1994**
4. FEI Number Applied For
59-1579430 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
ELLIOTT MANAGEMENT SYSTEMS
1105 12TH STREET
VERO BEACH FL 32960

10. Name and Address of New Registered Agent
81 Name **Richard D. Elliott**
82 Street Address (P.O. Box Number is Not Acceptable) **Elliott Merrill Community Management**
83 **1105 12th Street**
84 City **Vero Beach** 85 Zip Code **FL 32960**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered officer or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE **Richard D. Elliott** **Richard D. Elliott** **4/4/95**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	VD
NAME	BEAUMONT, VIRGINIA
STREET ADDRESS	1166 6TH AVE. D-8
CITY - ST - ZIP	VERO BEACH FL
TITLE	DT
NAME	RODEN, DAVID
STREET ADDRESS	1166 6TH AVE, UNIT A1
CITY - ST - ZIP	VERO BCH, FL 00000
TITLE	SD
NAME	GAULT, HELEN
STREET ADDRESS	1166 6TH AVE., C-5
CITY - ST - ZIP	VERO BCH, FL 00000
TITLE	PD
NAME	BROWNING, ROBERT
STREET ADDRESS	1166 6TH AVE A-6
CITY - ST - ZIP	VERO BCH, FL 00000
TITLE	D
NAME	POWER, LUCY
STREET ADDRESS	1166 6TH AVE D-1
CITY - ST - ZIP	VERO BEACH FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	32960
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Susan Schaffer
3.3 STREET ADDRESS	1166 6th Ave, Unit D-2
3.4 CITY - ST - ZIP	Vero Beach, FL 32960
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **Robert M. Browning** **Robert M. Browning** **4/4/95 4075699677**
Signature and typed or printed name of signing officer or director Date Day/Mo/Yr