FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Morthinh

Secretary of State DIVISION OF CORPORATIONS

1**9**98 DOCUMENT #

TROPIC GROVES, INC.

FILED Jun 18 1998 8:00am Secretary of State

(CAND) #End (CAND CAND BINK BINK) (CAND CLEAR BINK CAND) CAND CAND CAND CAND

Pr	incipal Place of Business	•						3. Date Incorporated or Qualified 05/09/1973			
C/O ELLIOTT MERRILL COMMUNITY MGMT 1105-12TH STREET VERO BEACH FL 32960			C/O ELLIOTT MERPILL COMMUNITY MGMT 1105-12TH STREET VERO BEACH FL 32980				AT				
US			ÜS	TO DESIGN TE DEVO				4. FEI Number 59-1579430		Applied For Not Applicable	
2. 21	- ' '			Mailing Address				5. Certificate of Status Desired		.75 Additional ee Required	
Suite, Apt. #, etc.			27	Suite, Apt. #, etc.				Election Campaign Financing Trust Fund Contribution		.00 May Be ided to Fees	
23	City & State		City & State					7. Is this nonprofit corporation a homeowners association? Yes No			
24	Zip	Country 25	29	Zip	30 Co	untry		This corporation owes or has paid the c Personal Property Tax due June 30.	Yes	: □ No	
9. Name and Address of Current Registered Agent						10. Name and Address of New Registered Agent					
						B1	Name				
ELLIOTT, RICHARD D. ELLIOTT MERRILL COMMUNITY MANAGEMENT				82	Street Address (P.O. Box Number is Not Acceptable)						
1105-12TH STREET						83					
VERO BEACH FL 32980				84	City	F	85	Zip Code			

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office 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 617.0503, Florida Statutes.

SIGNATURE									
	Signature, typed or printed name of registered agent and title it			agistered Agent signature required when reinstating) DATE					
12.	OFFICERS AND DIRECT		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
TITLE	80 (secy. (Dir)	☐ DELETE	1.1 TITLE	Change	☐ Addition				
NAME	B EAUMONT, VIRGINIA		1.2 NAME						
STREET ADDRESS	1166 6TH AVE. D-8		. 1.3 STREET ADDRESS						
CITY-ST-ZIP	VERO BEACH FL		1.4 CITY-ST-ZIP		——				
TITLE	OT (DIR. (Treas)	DELETE	2.1 TITLE	KELCH, PAUL, TREAS / DIR Change	Addition				
NAME	RODEN, DAVID	• •	2.2 NAME	1166 GTH AVE, UNIT A-3	•				
STREET ADDRESS	116 6 6TH AVE, UNIT A1		2.3 STREET ADDRESS						
CITY-ST-ZIP	VERO BCH, FL 00000		2. 4 CITY-ST-ZIP	VERO BEACH, FL					
TITLE	PD (PRESI) DIR)	☐ DELETE	3 1 TITLE	Change	Addition				
NAME	B ROWNING, ROBERT		3.2 NAME						
STREET ADDRESS	1166-6TH AVE A-8		3.3 STREET ADDRESS						
CITY-ST-ZIP	VERO BCH, FL 00000	<u> </u>	3.4. CITY-ST-ZIP						
TITLE	O (DIRI)	☐ DELETE	4.1 TITLE	☐ Change	Addition				
NAME	POWER, LUCY		4. 2 NAME						
STREET ADDRESS	1166 6TH AVE D-1		4.3 STREET ADDRESS						
CITY-ST-ZIP	<u>Ve</u> ro Beach Fl		4.4 CITY-ST-ZIP						
TITLE		☐ DELETE	5.1 TITLE	☐ Change	Addition				
NAME			5.2 NAME						
STREET ADDRESS			5.3 STREET ADDRESS						
CITY-ST-ZIP			5.4 CITY - ST - ZIP						
TITLE		☐ DELET E	6.1 TITLE	☐ Change	Addition				
NAME			6.2 NAME						
STREET ADDRESS			6.3 STREET ADDRESS						
CiTY-ST-7IP			6 4 CITY-ST-ZIP	, v					

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

11-71-60 611-519-0177