
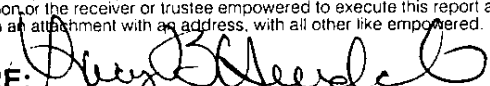


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2007 8:00 am
Secretary of State

04-04-2007 90175 026 ****61.25

DOCUMENT # 726411					
1. Entity Name TROPIC GROVES, INC.					
Principal Place of Business 835 20TH PLACE VERO BEACH, FL 32960 US			Mailing Address 835 20TH PLACE VERO BEACH, FL 32960 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent MERRILL, KAREN 835 20TH PLACE VERO BEACH, FL 32960				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
		Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D <input type="checkbox"/> Delete	TITLE	TREASURER / Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MATRANGA, LESLEY	NAME	MATRANGA, LESLEY		
STREET ADDRESS	1166 6TH AVE., A-1	STREET ADDRESS	1166 6TH AV A-1		
CITY-ST-ZIP	VERO BEACH, FL 32960	CITY-ST-ZIP	VERO BEACH FLA. 32960		
TITLE	VP <input checked="" type="checkbox"/> Delete	TITLE	PRESIDENT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	MOFFATT, JOAN	NAME	LUCY HENDRICKS		
STREET ADDRESS	1166 6TH AVE., A-7	STREET ADDRESS	1166 6TH AV		
CITY-ST-ZIP	VERO BEACH, FL 32960	CITY-ST-ZIP	VERO BEACH		
TITLE	P <input checked="" type="checkbox"/> Delete	TITLE	VICE PRESIDENT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	SCHMIDT, ROGER	NAME	MR JERRY PERKINS		
STREET ADDRESS	1166 6TH AVE #C1	STREET ADDRESS	1166 6TH AV		
CITY-ST-ZIP	VERO BEACH, FL 32960	CITY-ST-ZIP	VERO BEACH 32960		
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	SECRETARY / Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	VROTMAN, TRUEMAN	NAME	MRS PATRICIA PERKINS		
STREET ADDRESS	1166 +6TH AVE., B-5	STREET ADDRESS	1166 6TH AV		
CITY-ST-ZIP	VERO BEACH, FL 32960	CITY-ST-ZIP	VERO BEACH FL 32960		
TITLE	ST <input checked="" type="checkbox"/> Delete	TITLE	DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	DADDIS, SCOTT	NAME	GUY VARNADO		
STREET ADDRESS	1166 6TH AVE. #C5	STREET ADDRESS	1166 6TH AV		
CITY-ST-ZIP	VERO BEACH, FL 32960	CITY-ST-ZIP	VERO BEACH FL 32960		
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
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:  President				Date: 3-26-07 Daytime Phone #: 772 559-8812	

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02072007 Chg-NP CR2E037 (12/06)

4. FEI Number
59-1579430 Applied For
Not Applicable

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