

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 726411

FILED
Apr 02, 2009
Secretary of State

Entity Name: TROPIC GROVES, INC.

Current Principal Place of Business:

835 20TH PLACE
VERO BEACH, FL 32960 US

New Principal Place of Business:

1166 6TH AVENUE
VERO BEACH, FL 32960 US

Current Mailing Address:

835 20TH PLACE
VERO BEACH, FL 32960 US

New Mailing Address:

C/O ELLIOTT MERRILL COMMUNITY MGMT
835 20TH PLACE
VERO BEACH, FL 32960 US

FEI Number: 59-1579430

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCKINNON, CHARLES W
3055 CARDINAL DR
STE 302
VERO BEACH, FL 32963 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: HENDRICKS, LUCY
Address: 1166 6TH AVE
City-St-Zip: VERO BEACH, FL 32960

Title: VPT () Delete
Name: PERKINS, JERRY
Address: 1166 6TH AVE
City-St-Zip: VERO BEACH, FL 32960

Title: DS () Delete
Name: PERKINS, PATRICIA MRS
Address: 1166 6TH AVE
City-St-Zip: VERO BEACH, FL 32960

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: HENDRICKS, LUCY
Address: 1166 6TH AVENUE #A5
City-St-Zip: VERO BEACH, FL 32960 US

Title: VPD (X) Change () Addition
Name: POWER, LUCY
Address: 1166 6TH AVENUE #D1
City-St-Zip: VERO BEACH, FL 32960 US

Title: TSD (X) Change () Addition
Name: PERKINS, PATRICIA
Address: 1166 6TH AVENUE #B8
City-St-Zip: VERO BEACH, FL 32960 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PATRICIA PERKINS

TREA

04/02/2009

Electronic Signature of Signing Officer or Director

Date