

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 726723 (0)

1. Corporation Name

TROPIC GROVES RECREATION CENTER, INC.



Principal Place of Business: C/O ELLIOT MERRILL COMMUNITY MGMT. 1105 12TH ST. VERO BEACH FL 32960 US

Mailing Address: C/O ELLIOT MERRILL COMMUNITY MGMT. 1105 12TH ST. VERO BEACH FL 32960 US

3. Date Incorporated or Qualified: 06/18/1973
3a. Date of Last Report: 04/24/1995

| | | | | | | |
|----|--------------------------------|----|---------------------|----|--|---|
| 21 | 2. Principal Place of Business | 2a | Mailing Address | 4. | FEI Number | Applied For |
| | Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 59-1708231 | Not Applicable |
| 22 | City & State | 27 | City & State | 5. | Certificate of Status Desired | \$8.75 Additional Fee Required |
| | Zip | 28 | Zip | | <input type="checkbox"/> | |
| 23 | Country | 29 | Country | 6. | Election Campaign Financing Trust Fund Contribution | \$5.00 May Be Added to Fees |
| | | 30 | | | <input type="checkbox"/> | |
| 24 | | | | 8. | This corporation has liability for intangible tax under s. 199.032, Florida Statutes | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |

9. Name and Address of Current Registered Agent

RICHARD D. ELLIOTT
ELLIOTT MERRILL COMMUNITY MANAGEMENT
1105 12TH STREET
VERO BEACH FL 32960

10. Name and Address of New Registered Agent

| | |
|----|--|
| 81 | Name |
| 82 | Street Address (P.O. Box Number is Not Acceptable) |
| 83 | |
| 84 | City |
| 85 | Zip Code |

FL

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, if applicable (NOTE: Registered Agent signature required when reinstating) DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|------------------------------------|---|--|
| TITLE | PD <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | DULEE, DORETTA | 1.2 NAME | |
| STREET ADDRESS | 1166 6TH AVE, 10-A | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | VERO BCH FL | 1.4 CITY-ST-ZIP | |
| TITLE | TD <input type="checkbox"/> DELETE | 2.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | JOAN BRUBAKER | 2.2 NAME | VPD Peg Martin |
| STREET ADDRESS | 1166 6TH AVE, 7-D | 2.3 STREET ADDRESS | 1166 6th Ave, Unit D3 |
| CITY-ST-ZIP | VERO BEACH FL | 2.4 CITY-ST-ZIP | VERO BEACH, FL 32960 |
| TITLE | VD <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | POWERS, LUCY | 3.2 NAME | |
| STREET ADDRESS | 1166 6TH AVE., D-1 | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | VERO BCH FL | 3.4 CITY-ST-ZIP | |
| TITLE | SD <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | DARRAGH, WINIFREDE | 4.2 NAME | |
| STREET ADDRESS | 1166 6TH AVE. 4-B | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | VERO BEACH FL 32962-0 | 4.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | | 5.2 NAME | Sec/Dir Elizabeth Jaffer |
| STREET ADDRESS | | 5.3 STREET ADDRESS | 1166 6th Ave, Units 5-A |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | VERO BEACH, FL 32960 |
| TITLE | <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | | 6.2 NAME | Treas/Dir Evelyne Lindergren |
| STREET ADDRESS | | 6.3 STREET ADDRESS | 1166 6th Ave, Unit 4A |
| CITY-ST-ZIP | | 6.4 CITY-ST-ZIP | VERO BEACH, FL 32960 |

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 119.07(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: Doretta E. Dulce Date: Mar. 14 '96 Daytime Phone #: 569-7258

CR2E037 (12/95)