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May 01 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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3. Date Incorporated or Qualified 06/18/1973	
4. FEI Number 59-1708231	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
	Zip 29
	Country 30

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

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	DULEE, DORETTA	
STREET ADDRESS	1166 8TH AVE, 10-A	
CITY - ST - ZIP	VERO BCH FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	POWERS, LUCY	
STREET ADDRESS	1166 8TH AVE., D-1	
CITY - ST - ZIP	VERO BCH FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	DARRAGH, WINFREDE	
STREET ADDRESS	1166 8TH AVE. 4-B	
CITY - ST - ZIP	VERO BEACH FL 32962-0	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	ELIZABETH JAFFE	
STREET ADDRESS	1166 8TH AVE UNIT 5-A	
CITY - ST - ZIP	VERO BEACH FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	EVELYNE LINDERGREN	
STREET ADDRESS	1166 8TH AVE UNIT 4A	
CITY - ST - ZIP	VERO BEACH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
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 type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
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 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.

SIGNATURE: Doretta Dulee 4-9-98 561-569-7358

CR2E037 (10/97)