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Apr 01, 1999 8:00 am
Secretary of State

04-01-1999 90035 001 ****61.25

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| NONPROFIT CORPORATION ANNUAL REPORT 1999 |  | FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS |
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DOCUMENT # 726723
 1. Corporation Name
TROPIC GROVES RECREATION CENTER, INC.

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| 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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|--------------------------------------|---------------------------|---|
| 2. Principal Place of Business 21 | 2a. Mailing Address 26 | 3. Date Incorporated or Qualified 06/18/1973 |
| Suite, Apt. #, etc. 22 | Suite, Apt. #, etc. 27 | 4. FEI Number 59-1708231 |
| City & State 23 | City & State 28 | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required |
| Zip 24 | Country 25 | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees |

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| 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 MERRILL, KAREN 82 Street Address (P.O. Box Number is Not Acceptable) 83 SAME 84 City SAME FL 85 Zip Code |
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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 *Karen A. Merrill* DATE *3/17/99*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

| 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 VD | <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME POWERS, LUCY | | 2.2 NAME | |
| STREET ADDRESS 1166 6TH AVE., D-1 | | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP VERO BCH FL | | 2.4 CITY-ST-ZIP | |
| TITLE SD | <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME DARRAGH, WINIFREDE | | 3.2 NAME | |
| STREET ADDRESS 1166 6TH AVE. 4-B | | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP VERO BEACH FL 32962-0 | | 3.4 CITY-ST-ZIP | |
| TITLE SD | <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME ELIZABETH JAFFE | | 4.2 NAME | |
| STREET ADDRESS 1166 6TH AVE UNIT 5-A | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP VERO BEACH FL | | 4.4 CITY-ST-ZIP | |
| TITLE TD | <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME EVELYNE LINDERGREN | | 5.2 NAME | |
| STREET ADDRESS 1166 6TH AVE UNIT 4A | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP VERO BEACH FL | | 5.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 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, with all other like empowered.

SIGNATURE: **SIGNATURES REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Doretha Dulee
 Date: **3-11-99** Daytime Phone #: **561-569-7358**

CR2E037 (1/98)