


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2006 8:00 am
Secretary of State

04-03-2006 90368 007 ****61.25

DOCUMENT # 726723			
1. Entity Name TROPIC GROVES RECREATION CENTER, INC.			
Principal Place of Business 835 20 TH PLACE VERO BEACH, FL 32960 US		Mailing Address 835 20 TH PLACE 1105 12TH ST. VERO BEACH, FL 32960 US	
2. Principal Place of Business		3. Mailing Address <i>835 20th Place</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State <i>Vero Beach FL</i>	
Zip	Country	Zip <i>32960</i>	Country <i>USA</i>
6. Name and Address of Current Registered Agent		4. FEI Number 59-1708231	
MERRILL, KAREN 835 20TH PLACE VERO BEACH, FL 32960		Applied For <input type="checkbox"/> Not Applicable	
7. Name and Address of New Registered Agent		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Name		02022006 Chg-NP CR2E037 (11/05)	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
Filing Fee is \$61.25 Due by May 1, 2006		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	TD <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POWER, LUCY	NAME	
STREET ADDRESS	1166 6TH AVE. #D1	STREET ADDRESS	
CITY-ST-ZIP	VERO BEACH, FL 32960	CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DARRAGH, WINIFREDE	NAME	
STREET ADDRESS	1166 6TH AVE. 4-B	STREET ADDRESS	
CITY-ST-ZIP	VERO BEACH, FL 329620	CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>SARACCO</i> SARCCO, RUTH	NAME	<i>PRESIDENT</i> SARACCO, RUTH
STREET ADDRESS	1166 6TH AVENUE # 16C	STREET ADDRESS	
CITY-ST-ZIP	VERO BEACH, FL 32960	CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DADDIS, SCOTT	NAME	
STREET ADDRESS	1166 6TH AVE #C-5	STREET ADDRESS	
CITY-ST-ZIP	VERO BEACH, FL 32960	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DADDIS, JUANITA	NAME	
STREET ADDRESS	1166 6TH AVE #C-5	STREET ADDRESS	
CITY-ST-ZIP	VERO BEACH, FL 32960	CITY-ST-ZIP	
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: <i>Karen J. Merrill</i>		Date: <i>3-16-06</i> Daytime Phone #: <i>772/569-9853</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	