


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2007 8:00 am
Secretary of State

04-04-2007 90174 001 ****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 20TH PL VERO BEACH, FL 32960 US	
2. Principal Place of Business - No P.O. Box # 1166 6th Ave.		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Vero Beach FL		City & State	
4. FEI Number 59-1708231		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MERRILL, KAREN 835 20TH PLACE VERO BEACH, FL 32960		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
Filing Fee is \$61.25 Due by May 1, 2007		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 SD	NAME DARRAGH, WINIFREDE	<input type="checkbox"/> Delete	TITLE VPD
STREET ADDRESS 1166 6TH AVE. 4-B	CITY-ST-ZIP VERO BEACH, FL 329620		NAME Roger schmidt
			STREET ADDRESS 1166 6th Ave #C1
			CITY-ST-ZIP VERO Beach FL 32960
TITLE P	NAME SARACO, RUTH	<input type="checkbox"/> Delete	TITLE TD
STREET ADDRESS 1166 6TH AVENUE # 16C	CITY-ST-ZIP VERO BEACH, FL 32960		NAME Ken Darragh
			STREET ADDRESS 1166 6th Ave # 4B
			CITY-ST-ZIP Vero Beach, FL 32960
TITLE VP	NAME DADDIS, SCOTT	<input checked="" type="checkbox"/> Delete	TITLE PD President/Director
STREET ADDRESS 1166 6TH AVE #C-5	CITY-ST-ZIP VERO BEACH, FL 32960		NAME Ruth Saracco
			STREET ADDRESS 1166 6th Ave, #16C
			CITY-ST-ZIP Vero Beach FL 32960
TITLE D	NAME DADDIS, JUANITA	<input checked="" type="checkbox"/> Delete	TITLE
STREET ADDRESS 1166 6TH AVE #C-5	CITY-ST-ZIP VERO BEACH, FL 32960		NAME
			STREET ADDRESS
			CITY-ST-ZIP
TITLE	NAME	<input type="checkbox"/> Delete	TITLE
STREET ADDRESS			NAME
CITY-ST-ZIP			STREET ADDRESS
			CITY-ST-ZIP
TITLE	NAME	<input type="checkbox"/> Delete	TITLE
STREET ADDRESS			NAME
CITY-ST-ZIP			STREET ADDRESS
			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: <u>Ruth Saracco</u>		Date: <u>3/23/07</u>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>	