## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # 743733  1. Entity Name TROPIC GROVES VILLAS CONDOMINIUM ASSOCIATION, INC.					04-03-2006 90368 006 ****61.25		
Principal Place of 835 20TH PLACI VERO BEACH, FL	Mailing Address 835 20TH PLACE VERO BEACH, FL 3296	20TH PLACE		บบบะกล่าก			
2. Principal Place	e of Business	3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.			02022006 Chg-NP CR2E037 (11/05)		
City & State		City & State			4. FEI Number Applied For 59-1866851 Not Applied	-	
Zip	Zip Country Zip Co		Cou	ntry	5. Certificate of Status Desired \$8.75 Additional Fee Required		
	6. Name and Address of Current Re	gistered Agent			7. Name and Address of New Registered Agent		
MERRILL, KA 835 20TH PL VERO BEACI	ACE			Name Street Address (	lame Street Address (P.O. Box Number is Not Acceptable)		
l			City	FL Zip Code			
	med:entity submits this statement for the sof registered agent.	e purpose of changing its	registere	ed office or register	red agent, or both, in the State of Florida. I am familiar with, and according	ept	
SIGNATURE	ngture, typed or printed name of registered agent and	litle if applicable. (NOTE	: Registere	d Agent signature required	d when reinstating) DATE		
Filing Fee is \$61.25 9. Election Campaign Due by May 1, 2006 Trust Fund Contrib					\$5.00 May Be Added to Fees Make check payable to Florida Department of State		
10.	OFFICERS AND DIREC		11.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
1	D' ( )	Delete	7071	1 0			
	ROSBY, AUDREY		TITLE		RESIDENT XChange Add	ition	
		,	NAM	E SA	RGS / DENT Change Add	ition	
	166 6TH AVE 20-D	,	NAMI STRE	E SA ET ADDRESS //	RESIDENT SCHange Add	ition	
I	ERO BEACH, FL 32960		NAMI STRE CITY	E SA ET ADDRESS // -ST-ZIP /	RESIDENT SCHANGE Add  RHOLD, RUTH  6 6 16 Gue, 16-4  (ERE DITTOH, 15 32962		
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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:

3-16-06 Date