

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

04-03-2006 90368 006 ****61.25

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02022006 Chg-NP CR2E037 (11/05)

4. FEI Number
59-1866851 Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

DOCUMENT # 743733

1. Entity Name
**TROPIC GROVES VILLAS CONDOMINIUM
ASSOCIATION, INC.**



Principal Place of Business
**835 20TH PLACE
VERO BEACH, FL 32960 US**

Mailing Address
**835 20TH PLACE
VERO BEACH, FL 32960 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MERRILL, KAREN L
835 20TH PLACE
VERO BEACH, FL 32960**

Name

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

Signature, typed or printed name of registered agent and title if applicable.

(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. ☐

\$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
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
CROSBY, AUDREY
1166 6TH AVE 20-D
VERO BEACH, FL 32960** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PRESIDENT
SARAH, RUTH
1166 6th Ave, 16-C
VERO BEACH, FL 32960** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SD
JAFTE, ELIZABETH
1166 6TH AVE 5-A
VERO BEACH, FL 32960** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SECRETARY
MEFFORD, MELISSA
1166 6th Ave 15-A
VERO BEACH, FL 32960** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
WAGNER, EMILY
1166 6TH AVE 5-B
VERO BEACH, FL 32960** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**Treas.
F M BROGNO, LOU
1166 6th Ave, 14-C
VERO BEACH, FL 32960** ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TO DIRECTOR
RIENDEAU, FRAN
1166 6TH AVE 20-B
VERO BEACH, FL 32960** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DIRECTOR
RIENDEAU, FRAN** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VPD
FLYNN, KATHY
1166 6 AVE #18C
VERO BEACH, FL 32960** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**Vice PRES.
The CORKLE, JACQUE
1166 6th Ave 14-B
VERO BEACH, FL 32960** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DIRECTOR
CLAY, MARY
1166 6th Ave 9-A
VERO BEACH, FL 32960** ☐ Change ☒ Addition

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: *Karen L. Merrill*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-16-06 771/569-9853
Date Daytime Phone #