

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

04-04-2007 90175 025 ****61.25

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 - No P.O. Box # 1166 6th Ave.		3. Mailing Address Suite, Apt. #, etc.			
City & State Vero Beach FL		City & State Suite, Apt. #, etc.		4. FEI Number 59-1866851	
Zip 32960		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MERRILL, KAREN L 835 20TH PLACE VERO BEACH, FL 32960				7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____					
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 NAME STREET ADDRESS CITY-ST-ZIP	P Saracco SARACCO, RUTH 1166 6TH AVE 16-C VERO BEACH, FL 32960		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT SARACCO, RUTH 1166 6TH AVE 16-C VERO BEACH, FL 32960	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MEFFORD, MELISSA 1166 6TH AVE 15-A VERO BEACH, FL 32960		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY MARYJEAN FERRIS 1166 6TH AVE VERO BEACH, FL 32960	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T IMBROGNO, LOU 1166 6TH AVE 14-C VERO BEACH, FL 32960		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DOCTOR ROBERT GELSIMINO 1166 6TH AVE VERO BEACH, FL 32960	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST RIENDEAU, FRAN 1166 6TH AVE 20-B VERO BEACH, FL 32960		TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER RIENDEAU, FRAN 1166 6TH AVE 20-B VERO BEACH, FL 32960	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CORKLE, JACKIE 1166 6TH AVE 14-B VERO BEACH, FL 32960		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR ELAINE VESSEY 1166 6TH AVE VERO BEACH, FL 32960	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CLAY, MAX 1166 6TH AVE 9-A VERO BEACH, FL 32960		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR KATHY FLYNN 1166 6TH AVE VERO BEACH, FL 32960	
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> 3/23/07 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					