

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2006 8:00 am
Secretary of State

05-02-2006 90172 023 ****61.25

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|---|--|--|--|--|--|
| DOCUMENT # N02000004461 | | | | | |
| 1. Entity Name TROPICAL PARADISE HOMEOWNER'S ASSOCIATION OF BREVARD, INC. | | | | | |
| Principal Place of Business 183 RAINBOW STREET MERRITT ISLAND, FL 32952 | | | Mailing Address 183 RAINBOW STREET MERRITT ISLAND, FL 32952 | | |
| 2. Principal Place of Business 132 Rainbow St. | | 3. Mailing Address 132 Rainbow St. | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State Merritt Island, FL | | City & State Merritt Island, FL | | 4. FEI Number APPLIED FOR 04-3692780 | |
| Zip 32952 | | Country Brevard | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent TROTT, EDITH 183 RAINBOW STREET MERRITT ISLAND, FL 32952 | | | 7. Name and Address of New Registered Agent Name <u>Kuracz, Paul</u> Street Address (P.O. Box Number is Not Acceptable) <u>132 Rainbow St.</u> City <u>Merritt Island</u> FL <u>32952</u> | | |
| 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 <u>Paul Kuracz</u> Paul Kuracz DATE <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | | | |
| 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 NAME STREET ADDRESS CITY-ST-ZIP | P <input type="checkbox"/> Delete DELGADO, MIGUEL 212 RAINBOW STREET MERRITT ISLAND, FL 32952 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP <input type="checkbox"/> Delete WEST, TRACIE 192 RAINBOW STREET MERRITT ISLAND, FL 32952 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <u>McKenna, Jody</u> <u>143 Rainbow St.</u> <u>Merritt Island, FL 32952</u> | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T <input type="checkbox"/> Delete BRYANT, JT 153 RAINBOW STREET MERRITT ISLAND, FL 32952 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S <input type="checkbox"/> Delete TROTT, EDITH 183 RAINBOW STREET MERRITT ISLAND, FL 32952 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <u>Kuracz, Paul</u> <u>132 Rainbow St.</u> <u>Merritt Island, FL 32952</u> | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> 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 recorder 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>Paul Kuracz</u> | | | 4-28-06 321-452-0043 | | |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | <small>Date Daytime Phone #</small> | | |