
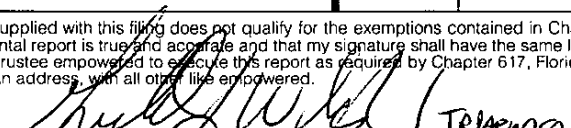


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 22, 2007 8:00 am
Secretary of State

02-22-2007 90017 049 ****61.25

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 - No P.O. Box # 153 RAINBOW ST		3. Mailing Address 153 RAINBOW ST			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State MERRITT ISLAND FL		City & State MERRITT ISLAND, FL		4. FEI Number 04-3692980	
Zip 32952		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent KURACZ, PAUL 182 RAINBOW STREET MERRITT ISLAND, FL 32952			7. Name and Address of New Registered Agent Name ST. BRYANT Street Address (P.O. Box Number is Not Acceptable) 153 RAINBOW ST City MERRITT ISLAND FL Zip Code 32952		
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 NAME STREET ADDRESS CITY-ST-ZIP	P DELGADO, MIGUEL 212 RAINBOW STREET MERRITT ISLAND, FL 32952 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P JT BRYANT 153 RAINBOW ST MERRITT ISLAND FL 32952 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MCKENNA, JODY 143 RAINBOW ST. MERRITT ISLAND, FL 32952 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MIGUEL DELGADO 212 RAINBOW ST MERRITT ISLAND FL 32952 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BRYANT, JT 153 RAINBOW STREET MERRITT ISLAND, FL 32952 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GERALD WILCZEK 152 RAINBOW ST MERRITT ISLAND FL 32952 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S KURACZ, PAUL 132 RAINBOW ST MERRITT ISLAND, FL 32952 <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	
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 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:  (Treasurer) 2/17/07 321 452 9130 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					