

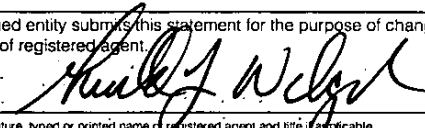
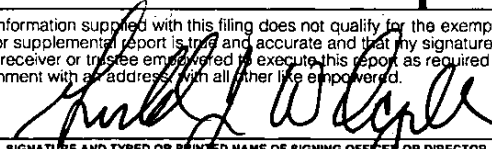


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 07, 2008 8:00 am
Secretary of State

02-07-2008 90010 004 ****61.25

DOCUMENT # N02000004461 1. Entity Name TROPICAL PARADISE HOMEOWNER'S ASSOCIATION OF BREVARD, INC.					
Principal Place of Business 153 RAINBOW ST. MERRITT ISLAND, FL 32952			Mailing Address 153 RAINBOW ST. MERRITT ISLAND, FL 32952		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address 152 RAINBOW ST		 01172008 Chg-NP CR2E037 (12/06)	
City & State MERRITT ISLAND		City & State MERRITT ISLAND			
Zip 32952		Zip 32952			
Country FLORIDA		Country FLORIDA			
4. FEI Number 04-3692980				Applied For <input type="checkbox"/> Not Applicable	
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 GERALD J. WILCZEK Street Address (P.O. Box Number is Not Acceptable) 152 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  DATE FEB 3, 2008 <small>Signature, typed or printed name of registered agent and title is applicable. (NOTE: Registered Agent signature required when reinstating).</small>					
Filing Fee is \$61.25 Due by May 1, 2008		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 P NAME DELGADO, MIGUEL STREET ADDRESS 212 RAINBOW STREET CITY-ST-ZIP MERRITT ISLAND, FL 32952	<input checked="" type="checkbox"/> Delete		TITLE P NAME J.T. BRYANT STREET ADDRESS 153 RAINBOW ST CITY-ST-ZIP MERRITT ISLAND, FL 32952	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VP NAME MCKENNA, JODY STREET ADDRESS 143 RAINBOW ST. CITY-ST-ZIP MERRITT ISLAND, FL 32952	<input checked="" type="checkbox"/> Delete		TITLE VP NAME MIGUEL DELGADO STREET ADDRESS 212 RAINBOW ST CITY-ST-ZIP MERRITT ISLAND, FL 32952	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE T NAME BRYANT, JT STREET ADDRESS 153 RAINBOW STREET CITY-ST-ZIP MERRITT ISLAND, FL 32952	<input checked="" type="checkbox"/> Delete		TITLE T NAME GERALD WILCZEK STREET ADDRESS 152 RAINBOW ST CITY-ST-ZIP MERRITT ISLAND FL 32952	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE S NAME KURACZ, PAUL STREET ADDRESS 132 RAINBOW ST CITY-ST-ZIP MERRITT ISLAND, FL 32952	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<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: 			Date FEB 3, 2008 Time 3:25:58-4487		