

# **2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N02000004461

**FILED**  
**Feb 09, 2012**  
**Secretary of State**

**Entity Name:** TROPICAL PARADISE HOMEOWNER'S ASSOCIATION OF BREVARD, INC.

**Current Principal Place of Business:**

153 RAINBOW ST.  
MERRITT ISLAND, FL 32952

**New Principal Place of Business:**

142 RAINBOW ST.  
MERRITT ISLAND, FL 32952

**Current Mailing Address:**

153 RAINBOW ST.  
MERRITT ISLAND, FL 32952

**New Mailing Address:**

142 RAINBOW ST.  
MERRITT ISLAND, FL 32952

**FEI Number:** 04-3692980

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BRYANT, JOEL T  
153 RAINBOW ST.  
MERRITT ISLAND, FL 32952 US

**Name and Address of New Registered Agent:**

OLIVER, SUSAN M  
142 RAINBOW ST.  
MERRITT ISLAND, FL 32952 US

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.

SIGNATURE: SUSAN M OLIVER

02/09/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: T  
Name: OLIVER, SUSAN M  
Address: 142 RAINBOW ST.  
City-St-Zip: MERRITT ISLAND, FL 32952

Title: P  
Name: DECARDENAS, LEO OLIVER  
Address: 163 RAINBOW ST.  
City-St-Zip: MERRITT ISLAND, FL 32952

Title: V  
Name: VAN AUSDALL, JERRY  
Address: 203 RAINBOW ST.  
City-St-Zip: MERRITT ISLAND, FL 32952

Title: S  
Name: KURACZ, PAUL  
Address: 132 RAINBOW ST  
City-St-Zip: MERRITT ISLAND, FL 32952

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: SUSAN M OLIVER

T

02/09/2012

Electronic Signature of Signing Officer or Director

Date