

FILE NOW: FILING FEE IS \$61.25

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Mar 25 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N96000004602 (6)**

1. Corporation Name

**TROPICAL PINES CIVIC ASSOCIATION, INC.**



Principal Place of Business <b>1800 NORTHEAST 26TH STREET WILTON MANORS FL 33305</b>	Mailing Address <b>1800 NORTHEAST 26TH STREET WILTON MANORS FL 33305-1415</b>
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>09/03/1996</b>		3a. Date of Last Report	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number <b>05-0695420</b>		Applied For Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
24 Country		29 Country		30 Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>FANIZZA, JOANNE</b> <b>1800 NORTHEAST 26TH STREET</b> <b>WILTON MANORS FL 33305</b>				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				85 Zip Code			
				<b>FL</b>			

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input type="checkbox"/> DELETE		1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	FANIZZA, JOANNE			1.2 NAME	DODA, ROBERT		
STREET ADDRESS	1800 NORTHEAST 26TH STREET			1.3 STREET ADDRESS	1800 NORTHEAST 26TH STREET		
CITY-ST-ZIP	WILTON MANORS FL 33305			1.4 CITY-ST-ZIP	WILTON MANORS, FL 33305		
TITLE	VD	<input type="checkbox"/> DELETE		2.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LUGO, BEVERLY			2.2 NAME	DODA, JUDY		
STREET ADDRESS	1800 NORTHEAST 26TH STREET			2.3 STREET ADDRESS	1800 NORTHEAST 26TH STREET		
CITY-ST-ZIP	WILTON MANORS FL 33305			2.4 CITY-ST-ZIP	WILTON MANORS, FL 33305		
TITLE	SD	<input type="checkbox"/> DELETE		3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	ROXBY, LYNN			3.2 NAME	BARNES, MELINDA		
STREET ADDRESS	1800 NORTHEAST 26TH STREET			3.3 STREET ADDRESS	1800 NORTHEAST 26TH STREET		
CITY-ST-ZIP	WILTON MANORS FL 33305			3.4 CITY-ST-ZIP	WILTON MANORS, FL 33305		
TITLE	TD	<input type="checkbox"/> DELETE		4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	FOREMAN, BARBARA			4.2 NAME	REYNOLDS, THERESA		
STREET ADDRESS	1800 NORTHEAST 26TH STREET			4.3 STREET ADDRESS	1800 NORTHEAST 26TH STREET		
CITY-ST-ZIP	WILTON MANORS FL 33305			4.4 CITY-ST-ZIP	WILTON MANORS, FL 33305		
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME				5.2 NAME	BARNES, ANNE		
STREET ADDRESS				5.3 STREET ADDRESS	1800 NORTHEAST 26TH STREET		
CITY-ST-ZIP				5.4 CITY-ST-ZIP	WILTON MANORS, FL 33305		
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME				6.2 NAME	HESTER, GEORGE		
STREET ADDRESS				6.3 STREET ADDRESS	1800 NORTHEAST 26TH STREET		
CITY-ST-ZIP				6.4 CITY-ST-ZIP	WILTON MANORS, FL 33305		

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Joanne Fanizza* F/DRA 3/21/97 (954) 565-5445  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0035679

CR2E037 (9/96)