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Mar 06 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</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</b>
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3. Date Incorporated or Qualified

**09/03/1996**

4. FEI Number

**65-0695420**

Applied For

Not Applicable

2. Principal Place of Business <b>21 2700 E. Oakland Pk. Blvd.</b> Suite, Apt. #, etc. <b>22 Suite D</b> City & State <b>23 Fort Lauderdale FL</b> Zip <b>24 33306</b> Country <b>25 USA</b>	2a. Mailing Address <b>26 2700 E. Oakland Pk. Blvd.</b> Suite, Apt. #, etc. <b>27 Suite D</b> City & State <b>28 Fort Lauderdale, FL</b> Zip <b>29 33306</b> Country <b>30 USA</b>
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6. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No

8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**FANIZZA, JOANNE  
1800 NORTHEAST 26TH STREET  
WILTON MANORS FL 33305**

81 Name

82 Street Address (P.O. Box Number Is Not Acceptable)

**2700 E. Oakland Park Blvd.**

83 Suite D

84 City  
**Fort Lauderdale**

FL

85 Zip Code  
**33306**

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 **Joanne Fanizza, R.A./P/D**

**2/24/98**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS	
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>DODA, ROBERT</b>
STREET ADDRESS	<b>1800 NORTHEAST 26TH ST</b>
CITY-ST-ZIP	<b>WILTON MANORS FL</b>
TITLE	<b>VD</b> <input type="checkbox"/> DELETE
NAME	<b>DODA, JUDY</b>
STREET ADDRESS	<b>1800 NORTHEAST 26TH ST</b>
CITY-ST-ZIP	<b>WILTON MANORS FL</b>
TITLE	<b>SD</b> <input type="checkbox"/> DELETE
NAME	<b>ROXBY, LYNN</b>
STREET ADDRESS	<b>1800 NORTHEAST 26TH STREET</b>
CITY-ST-ZIP	<b>WILTON MANORS FL 33305</b>
TITLE	<b>TD</b> <input type="checkbox"/> DELETE
NAME	<b>FOREMAN, BARBARA</b>
STREET ADDRESS	<b>1800 NORTHEAST 26TH STREET</b>
CITY-ST-ZIP	<b>WILTON MANORS FL 33305</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>BARNES, MELINDA</b>
STREET ADDRESS	<b>1800 NORTHEAST 26TH ST</b>
CITY-ST-ZIP	<b>WILTON MANORS FL</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>BARNES, ANNE</b>
STREET ADDRESS	<b>1800 NORTHEAST 26TH ST</b>
CITY-ST-ZIP	<b>WILTON MANORS FL</b>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<b>PD</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>Joanne Fanizza</b>
1.3 STREET ADDRESS	<b>2700 E. Oakland Park Blvd., Suite D</b>
1.4 CITY-ST-ZIP	<b>Fort Lauderdale, FL 33306</b>
2.1 TITLE	<b>All officers, directors' addresses change to:</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>2700 E. Oakland Park Blvd., Suite D</b>
2.3 STREET ADDRESS	<b>Fort Lauderdale, FL 33306</b>
2.4 CITY-ST-ZIP	<b>Fort Lauderdale, FL 33306</b>
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I 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, R.A./P/D**

**2/24/98**

**954 565 5445**

CR2E037 (10/97)