

DOCUMENT # N96000004602

1. Entity Name

TROPICAL PINES CIVIC ASSOCIATION, INC.

Principal Place of Business

2700 E. OAKLAND PARK BLVD
SUITE D
FORT LAUDERDALE FL 33306
US

Mailing Address

2700 E. OAKLAND PARK BLVD
SUITE D
FORT LAUDERDALE FL 33306-1623
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0695420

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

FANIZZA, JOANNE
2700 E. OAKLAND PARK BLVD
SUITE D
FORT LAUDERDALE FL 33306

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete
NAME DODA, ROBERT
STREET ADDRESS 2700 E. OAKLAND PARK BLVD, SUITE D
CITY-ST-ZIP FT. LAUDERDALE FL 33306

TITLE VD ☐ Delete
NAME DODA, JUDY
STREET ADDRESS 2700 E. OAKLAND PARK BLVD, SUITE D
CITY-ST-ZIP FT. LAUDERDALE FL 33306

TITLE SD ☐ Delete
NAME ROXBY, LYNN
STREET ADDRESS 2700 E. OAKLAND PARK BLVD, SUITE D
CITY-ST-ZIP FT. LAUDERDALE FL 33306

TITLE TD ☐ Delete
NAME FOREMAN, BARBARA
STREET ADDRESS 2700 E. OAKLAND PARK BLVD, SUITE D
CITY-ST-ZIP FT. LAUDERDALE FL 33306

TITLE D ☐ Delete
NAME BARNES, MELINDA
STREET ADDRESS 2700 E. OAKLAND PARK BLVD, SUITE D
CITY-ST-ZIP FT. LAUDERDALE FL 33306

TITLE D ☐ Delete
NAME BARNES, ANNE
STREET ADDRESS 2700 E. OAKLAND PARK BLVD, SUITE D
CITY-ST-ZIP FT. LAUDERDALE FL 33306

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE TD ☒ Change ☐ Addition
NAME George Hester
STREET ADDRESS 2700 E. Oakland Park Blvd, Suite D
CITY-ST-ZIP Fort Lauderdale, FL 33306

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Joanne Fanizza 2/8/00 (954) 565-5445