

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 27, 2005 8:00 am
Secretary of State

04-27-2005 90324 033 ****61.25

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 US	
2. Principal Place of Business 1995 E. Oakland Park Blvd. Suite, Apt. #, etc. Suite 210 City & State Fort Lauderdale FL Zip 33306 Country USA				3. Mailing Address 1995 E. Oakland Park Blvd. Suite, Apt. #, etc. Suite 210 City & State Fort Lauderdale FL Zip 33306 Country USA	
4. FEI Number 65-0695420				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
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) 1995 E. Oakland Park Blvd. Suite 210 City Fort Lauderdale FL Zip Code 33306	
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 <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE 4/27/05	
Filing Fee is \$61.25 Due by May 1, 2005		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 NAME STREET ADDRESS CITY - ST - ZIP	PD FANIZZA, JOANNE 2700 E. OAKLAND PARK BLVD, SUITE D FT. LAUDERDALE, FL 33306	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	1995 E. Oakland Park Blvd. Suite 210	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD DODA, JUDY 2700 E. OAKLAND PARK BLVD, SUITE D FT. LAUDERDALE, FL 33306	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	1995 E. Oakland Park Blvd. Suite 210	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD ROXBY, LYNN 2700 E. OAKLAND PARK BLVD, SUITE D FT. LAUDERDALE, FL 33306	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	1995 E. Oakland Park Blvd. Suite 210	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD HESTER, GEORGE 2700 E. OAKLAND PARK BLVD, SUITE D FT. LAUDERDALE, FL 33306	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	1995 E. Oakland Park Blvd. Suite 210	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BARNES, MELINDA 2700 E. OAKLAND PARK BLVD, SUITE D FT. LAUDERDALE, FL 33306	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	1995 E. Oakland Park Blvd. Suite 210	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	 	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				DATE 4/27/05 DAYTIME PHONE # 954-865-5445	

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