

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 24, 2006 08:00 AM
Secretary of State**

DOCUMENT # N96000004602 1. Entity Name TROPICAL PINES CIVIC ASSOCIATION, INC.	
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Principal Place of Business 1995 E OAKLAND PARK BLVD SUITE 210 FORT LAUDERDALE, FL 33306 US	Mailing Address 1995 E OAKLAND PARK BLVD SUITE 210 FORT LAUDERDALE, FL 33306 US
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04212006 No Chg-NP

CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0695420	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent FANIZZA, JOANNE 1995 E OAKLAND PARK BLVD SUITE 210 FORT LAUDERDALE, FL 33306
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**DO NOT WRITE
IN THIS SPACE**

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 _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**U00000531191
05/06/06-80027-024 61.25**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FANIZZA, JOANNE 1995 E OAKLAND PARK BLVD, SUITE 210 FT. LAUDERDALE, FL 33306
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DODA, JUDY 1995 E OAKLAND PARK BLVD, SUITE 210 FT. LAUDERDALE, FL 33306
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ROXBY, LYNN 1995 E OAKLAND PARK BLVD, SUITE 210 FT. LAUDERDALE, FL 33306
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HESTER, GEORGE 1995 E OAKLAND PARK BLVD, SUITE 210 FT. LAUDERDALE, FL 33306
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BARNES, MELINDA 1995 E OAKLAND PARK BLVD, SUITE 210 FT. LAUDERDALE, FL 33306
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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

Joanne Fanizza
P/D

Date

Daytime Phone #

4/21/06 954-565-5445