

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 712893

Entity Name: TROPICAL PARK CIVIC ORGANIZATION, INC.

Current Principal Place of Business:

WOODY SIMPSON PARK RECREATION CNTR.
1590 SCHOOLHOUSE STREET
MERRITT ISLAND, FL 32953

Current Mailing Address:

C/O LINDA J MCDONALD
P.O. BOX 541442
MERRITT ISLAND, FL 32954-1442 US

FEI Number: 59-3538911

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

MCDONALD, LINDA J
470 LINCOLN AVENUE
MERRITT ISLAND, FL 32953 US

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: _____

Electronic Signature of Registered Agent

_____ Date

Officer/Director Detail :

Title V
Name SCHALL, DIANE
Address 1550 N TROPICAL TRAIL
City-State-Zip: MERRITT ISLAND FL 32953

Title D
Name FONTENEAU, EVON
Address 3370 TIPPERARY DRIVE
City-State-Zip: MERRITT ISLAND FL 32953

Title T
Name KING, LUELLA
Address 300 SAWYER AVENUE
City-State-Zip: MERRITT ISLAND FL 32953

Title P
Name MCDONALD, MICHAEL
Address 470 LINCOLN AVENUE
City-State-Zip: MERRITT ISLAND FL 32953

Title D
Name HOUSTON, ISAAC
Address 1433 N TROPICAL TRAIL
City-State-Zip: MERRITT ISLAND FL 32953

Title S
Name MCDONALD, LINDA J
Address 470 LINCOLN AVENUE
City-State-Zip: MERRITT ISLAND FL 32953

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: LINDA J MCDONALD

SECRETARY

03/26/2015

Electronic Signature of Signing Officer/Director Detail

_____ Date