

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 726411

**Entity Name:** TROPIC GROVES, INC.

**Current Principal Place of Business:**

1166 6TH AVENUE  
VERO BEACH, FL 32960

**Current Mailing Address:**

C/O ELLIOTT MERRILL COMMUNITY MGMT  
835 20TH PLACE  
VERO BEACH, FL 32960 US

**FEI Number:** 59-1579430

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

MCKINNON, CHARLES W  
3055 CARDINAL DR  
STE 302  
VERO BEACH, FL 32963 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            PRESIDENT, SECRETARY, DIRECTOR  
Name            HENDRICKS, LUCY  
Address        1166 6TH AVENUE #A5  
City-State-Zip: VERO BEACH FL 32960

Title            TREASURER, DIRECTOR  
Name            MATRANGA, LESLEY  
Address        1166 6TH AVENUE #A1  
City-State-Zip: VERO BEACH FL 32960

Title            SECRETARY, DIRECTOR  
Name            RODRIGUES, LISA  
Address        1166 6TH AVENUE #D3  
City-State-Zip: VERO BEACH FL 32960

*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:** LUCY HENDRICKS

**PRESIDENT**

**04/12/2016**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date