### 2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 726723** 

Entity Name: TROPIC GROVES RECREATION CENTER, INC.

FILED
Apr 08, 2014
Secretary of State
CC6492457788

## **Current Principal Place of Business:**

1166 6TH AVE

VERO BEACH, FL 32960

## **Current Mailing Address:**

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

FEI Number: 59-1708231 Certificate of Status Desired: No

# Name and Address of Current Registered Agent:

MCKINNON, CHARLES W 3055 CARDINAL DRIVE, SUITE 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:

Address

Electronic Signature of Registered Agent

Date

#### Officer/Director Detail:

Title	PRESIDENT, DIRECTOR	Title	VP, DIRECTOR
Name	SARACCO, RUTH	Name	MARTIN, ROBERT
Address	1166 6TH AVENUE #16-C	Address	1166 6TH AVENUE #C-2
City-State-Zip:	VERO BEACH FL 32960	City-State-Zip:	VERO BEACH FL 32960

Title DIRECTOR

Title

TREASURER, SECRETARY,

DIRECTOR

Name FERRIS, MARY JEAN

Name 1166 6TH AVENUE #10-D

Address 1166 6TH AVENUE #14B

MCCORKLE, JACKIE

City-State-Zip: VERO BEACH FL 32960

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: RUTH SARACCO

Electronic Signature of Signing Officer/Director Detail

**PRESIDENT** 

04/08/2014