

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000002237

Entity Name: TROPICAL COVE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

396 YELLOW TAIL LANE
MERRITT ISLAND, FL 32953

Current Mailing Address:

8660 ASTRONAUT BLVD
101
CAPE CANAVERAL, FL 32920 US

FEI Number: 20-3073869

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SHOWCASE PROPERTY MANAGEMENT
C/O KAREN GUNN-BARDOT
8660 ASTRONAUT BLVD SUITE 101
CAPE CANAVERAL, FL 32920 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: KAREN GUNN-BARDOT

03/27/2017

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title TREASURER
Name REID, JIM
Address 400 YELLOW TAIL, #105
City-State-Zip: MERRITT ISLAND FL 32953

Title PRESIDENT
Name TROUT, MARK
Address 411 YELLOW TAIL, #106
City-State-Zip: MERRITT ISLAND FL 32953

Title SECRETARY
Name MURRAY, DON
Address 2460 HEMMINGWAY LANE
 #104
City-State-Zip: MERRITT ISLAND FL 32953

Title VP
Name GRAY, RALPH
Address 411 TELLOW TAIL LANE #102
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: MARK TROUT

PRESIDENT

03/27/2017

Electronic Signature of Signing Officer/Director Detail

Date