## 2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000002237

Entity Name: TROPICAL COVE CONDOMINIUM ASSOCIATION, INC.

FILED Feb 16, 2024 Secretary of State 8245488656CC

**Current Principal Place of Business:** 

YELLOW TAIL LANE

MERRITT ISLAND, FL 32953

## **Current Mailing Address:**

C/O SHOWCASE PROPERTY MANAGEMENT 101 S COURTENAY PARKWAY MERRITT ISLAND, FL 32952 US

FEI Number: 20-3073869 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

GUNN-BARDOT, KAREN SHOWCASE PROPERTY MANAGEMENT 101 S COURTENAY PARKWAY MERRITT ISLAND, FL 32952 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 02/16/2024

Electronic Signature of Registered Agent

Date

Officer/Director Detail:

Title TREASURER Title VP

NameMURRAY, DONNameNEWMAN, RICHARD ALANAddress101 S COURTENAY PARKWAYAddress101 S COURTENAY PARKWAYCity-State-Zip:MERRITT ISLAND FL 32952City-State-Zip:MERRITT ISLAND FL 32952

Title SECRETARY Title DIRECTOR

Name BASSETT, ALAINA Name MURRAY, CARRIE

Address 101 S COURTENAY PARKWAY Address 101 S COURTENAY PARKWAY

City-State-Zip: MERRITT ISLAND FL 32952 City-State-Zip: MERRITT ISLAND FL 32952

Title PRESIDENT
Name SHOMO, DAVID

Address 101 S COURTENAY PARKWAY

City-State-Zip: MERRITT ISLAND FL 32952

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: DAVID SHOMO PRESIDENT 02/16/2024