2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT #723365

1. Entity Name

TRACY CONDOMINIUM, INC



Principal Place of Business

3000 BIRD AVENUE

NO 6

COCONUT GROVE, FL 33133

Mailing Address

C/O BSSS CONDO DEPT 2525 PONCE DE LEON BLVD CORAL GABLES, FL 33134

FILED Feb 18, 2008 8:00 am Secretary of State

02-18-2008 90015 003 ****61.25

40026974



01162008 No Chg-NP

CR2E037 (4/06)

	40 ==	_
59-1580074	Not Applicab	le
4. FEI Number	Applied For	

Certificate of Status Desired

\$8.75 Additional Fee Required

DO	NOT	WRITE	IN	THIS	SP	AC	E
- 1						•	•

6. Name and Address of Current Registered Agent

GEER, JENNIFER 3000 BIRD AVENUE NO 1

COCONUT GROVE EL 33133

DO	NOT	WRITE
IN	THIS	SPACE

COCONUT GROVE, FL 33133		in this or Ase			
	marian di Paranta di P	· _	عد بشب بشب		
8. The above the obligat	named entity submits this statement for the joins of registered agent.	purpose of changing its registere	ed office or registered ac	gent, or both, in the State of Florida. I am familiar wit	th, and accept
SIGNATURE	Signature, typed or printed name of registered agent and title	il applicable. (NOTE: Registerer	d Agent signature required when i	reinstating) DATE	
	Filing Fee is \$61.25 Due by May 1, 2008	Election Campaign Finar Trust Fund Contribution.		May Be Fees	
10.	OFFICERS AND DIRE	CTORS		the same of the sa	· ·
NAME . STREET ADDRESS CITY-ST-ZIP	PD GEER, JENNIFER 3000 BIRD AVE NO. 1 COCONUT GROVE, FL 33133		* * * * * * * * * * * * * * * * * * *		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD NAVASCUES, JOSE 8005 SW 89 COURT MIAMI, FL 33173				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD DRAPER, DONNA 3685 JUSTISON ROAD COCONUT GROVE, FL 33133			DO NOT WRITE	-
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CREWS, ROBERT 3000 BIRD AVE NO. 4 COCONUT GROVE, FL 33133			IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WESLEY, VANLEER Q 3000 BIRD AVE NO. 7 COCONUT GROVE, FL 33133		,		
*.T. C	1	·	■ 3. 4 4 4	fel we see	

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other the empowered.

SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIP

D TYPED GAMENTED NAME OF BIGNAND PRIMER ON DIRECTOR:

(305)596-1144