

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 723365

FILED  
Apr 01, 2009  
Secretary of State

Entity Name: TRACY CONDOMINIUM, INC

## Current Principal Place of Business:

3000 BIRD AVENUE  
NO 6  
COCONUT GROVE, FL 33133

## Current Mailing Address:

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

## New Principal Place of Business:

3000 BIRD AVENUE  
NO 1  
COCONUT GROVE, FL 33133

## New Mailing Address:

3000 BIRD AVENUE  
NO 1  
COCONUT GROVE, FL 33133

FEI Number: 59-1580074

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

GEER, JENNIFER  
3000 BIRD AVENUE  
NO 1  
COCONUT GROVE, FL 33133 US

## Name and Address of New Registered Agent:

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

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: GEER, JENNIFER  
Address: 3000 BIRD AVE NO. 1  
City-St-Zip: COCONUT GROVE, FL 33133

Title: VD ( ) Delete  
Name: NAVASCUES, JOSE  
Address: 8005 SW 89 COURT  
City-St-Zip: MIAMI, FL 33173

Title: TD ( ) Delete  
Name: DRAPER, DONNA  
Address: 3685 JUSTISON ROAD  
City-St-Zip: COCONUT GROVE, FL 33133

Title: VD ( ) Delete  
Name: CREWS, ROBERT  
Address: 3000 BIRD AVE NO. 4  
City-St-Zip: COCONUT GROVE, FL 33133

Title: D ( ) Delete  
Name: WESLEY, VANLEER Q  
Address: 3000 BIRD AVE NO. 7  
City-St-Zip: COCONUT GROVE, FL 33133

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: WESLEY, QUARLES  
Address: 881 OCEAN DRIVE, NO 26E  
City-St-Zip: KEY BISCAYNE, FL 33149

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: DONNA DRAPER

TD

04/01/2009

Electronic Signature of Signing Officer or Director

Date