

FILE NOW: FILING FEE IS \$61.25

FILED
Feb 22, 1999 8:00 am
Secretary of State

02-22-1999 90075 006 ****61.25

0032199

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 753294

1. Corporation Name

TROPICAL PARK VILLAS CONDOMINIUM ASSOCIATION, IN C.

Principal Place of Business

3819 S.W. 82ND AVE.
CLUBHOUSE
MIAMI FL 33155

Mailing Address

3819 S.W. 82ND AVE.
CLUBHOUSE
MIAMI FL 33155

95198 . 90075 . 6



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified
07/09/1980

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number
59-2265325

Applied For:
Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

23 Zip Country

28 Zip Country

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

24 25 29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

VASQUEZ, FROILAN
3824 SW 79 AVE
#111
MIAMI FL 33155

81 Name **JOSE LORENZO**

82 Street Address (P.O. Box Number is Not Acceptable)

3813 S.W. 82 AVE #35

83

84 City **MIAMI**

85 Zip Code **FL 33155**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE *Jose Lorenzo*
Signature, typed or printed name of registered agent and date if applicable.

JOSE LORENZO PD

1-7-99

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **VPD** ☒ DELETE
NAME **VAZQUEZ, FROILAN**
STREET ADDRESS **3824 SW 79 AVE #111**
CITY-ST-ZIP **MIAMI FL**

1.1 TITLE **PD** ☒ Change ☐ Addition
1.2 NAME **JOSE LORENZO**
1.3 STREET ADDRESS **3813 SW 82 AVE #35**
1.4 CITY-ST-ZIP **MIAMI FL 33155**

TITLE **SD** ☒ DELETE
NAME **MCGALE, MONICA**
STREET ADDRESS **3801 SW 82 AVE #15**
CITY-ST-ZIP **MIAMI FL**

2.1 TITLE **VPD** ☒ Change ☐ Addition
2.2 NAME **INOCENTE SANTAMARIA**
2.3 STREET ADDRESS **3805 SW 82 AVE #11**
2.4 CITY-ST-ZIP **MIAMI FL 33155**

TITLE **PD** ☒ DELETE
NAME **IRIGOVEN, RAMON**
STREET ADDRESS **3809 SW 82 AVE #22**
CITY-ST-ZIP **MIAMI FL**

3.1 TITLE **SD** ☒ Change ☐ Addition
3.2 NAME **LUIS ABELLA**
3.3 STREET ADDRESS **3810 SW 79 AVE #61**
3.4 CITY-ST-ZIP **MIAMI FL 33155**

TITLE **TD** ☒ DELETE
NAME **PUGA, NANCY**
STREET ADDRESS **3818 S.W. 79 AVE., #88**
CITY-ST-ZIP **MIAMI FL**

4.1 TITLE **VSD** ☒ Change ☐ Addition
4.2 NAME **GLORIA CASTILLO**
4.3 STREET ADDRESS **3801 SW 82 AVE #6**
4.4 CITY-ST-ZIP **MIAMI FL 33155**

TITLE **VSD** ☒ DELETE
NAME **RIVAS, JOSE**
STREET ADDRESS **3809 SW 82ND AVE #23**
CITY-ST-ZIP **MIAMI FL 33155**

5.1 TITLE **TD** ☒ Change ☐ Addition
5.2 NAME **MANUEL SOTO**
5.3 STREET ADDRESS **3822 SW 79 AVE #104**
5.4 CITY-ST-ZIP **MIAMI FL 33155**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE **VTD** ☒ Change ☐ Addition
6.2 NAME **GUSTAVO LARREA**
6.3 STREET ADDRESS **3800 SW 79 AVE #127**
6.4 CITY-ST-ZIP **MIAMI FL 33155**

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Jose Lorenzo*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOSE LORENZO
1-7-99 **305-267 2113**

Date Daytime Phone #

CR2E037 (11/98)