

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2005 8:00 am
Secretary of State

03-10-2005 90165 019 ****70.00

DOCUMENT # 753294 1. Entity Name TROPICAL PARK VILLAS CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 3819 S.W. 82ND AVE. CLUBHOUSE MIAMI, FL 33155			Mailing Address 3819 S.W. 82ND AVE. CLUBHOUSE MIAMI, FL 33155		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 59-2265325	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent ACEVEDO, ARELI 3815 SW 82 AVE #37 MIAMI, FL 33155					
7. Name and Address of New Registered Agent Name: Diaz, Gustavo Street Address (P.O. Box Number is Not Acceptable): 3817 S.W. 82 Ave #44 City: Miami FL Zip Code: 33155					
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE: <small>Signature of registered agent or director, name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS					
TITLE	NAME	<input checked="" type="checkbox"/> Delete	TITLE	NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	R ACEVEDO, ARELI 3815 SW 82 AVE #37 MIAMI, FL 33155				
CITY-ST-ZIP	MIAMI, FL 33155				
TITLE	NAME	<input checked="" type="checkbox"/> Delete	TITLE	NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	VP MAGALYS, MONTERO 3820 SW 79 AVE #96 MIAMI, FL 33155				
CITY-ST-ZIP	MIAMI, FL 33155				
TITLE	NAME	<input checked="" type="checkbox"/> Delete	TITLE	NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	ST MARJNO, IRNA 3804 SW 79 AVE #75 MIAMI, FL 33155				
CITY-ST-ZIP	MIAMI, FL 33155				
TITLE	NAME	<input checked="" type="checkbox"/> Delete	TITLE	NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	T BOBADILLA, MARIA E 3802 SW 79 AVE #120 MIAMI, FL 33155				
CITY-ST-ZIP	MIAMI, FL 33155				
TITLE	NAME	<input checked="" type="checkbox"/> Delete	TITLE	NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	VS PENA, MIJENA 3809 SW 82 AVE #22 MIAMI, FL 33155				
CITY-ST-ZIP	MIAMI, FL 33155				
TITLE	NAME	<input checked="" type="checkbox"/> Delete	TITLE	NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	D GEHMAN, LAMAR 3828 SW 79 AVE #108 MIAMI, FL 33155				
CITY-ST-ZIP	MIAMI, FL 33155				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE	NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE	NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	R Diaz, Gustavo 3817 S.W. 82 Ave #44 Miami, FL 33155				
CITY-ST-ZIP	MIAMI, FL 33155				
TITLE	NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE	NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	VP Salustio Gonzalez 3814 SW 79 Ave #48 Miami, FL 33155				
CITY-ST-ZIP	MIAMI, FL 33155				
TITLE	NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE	NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	ST Vigil-Valdes, Milagros 3800 SW 79 Ave #124 Miami, FL 33155				
CITY-ST-ZIP	MIAMI, FL 33155				
TITLE	NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE	NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	T Gonzalez, Edgar 3820 SW 79 Ave #94 Miami, FL 33155				
CITY-ST-ZIP	MIAMI, FL 33155				
TITLE	NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE	NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	D Marta Luis 3820 SW 79 Ave #130 Miami, FL 33155				
CITY-ST-ZIP	MIAMI, FL 33155				
TITLE	NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE	NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	D Carmen Welter 3814 S.W. 79 Ave #50 Miami, FL 33155				
CITY-ST-ZIP	MIAMI, FL 33155				
12. 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 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 like empowered.					
SIGNATURE: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
Date: 3-7-2005				Daytime Phone #: 305-271-3335	

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