

2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # 753294

1. Entity Name
TROPICAL PARK VILLAS CONDOMINIUM ASSOCIATION, INC.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 NOV 13 AM 10:37

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 - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

10232008

Chg-NP

CR2E037 (12/06)

4. FEI Number
59-2265325

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DUBOIS, NANCY
9451 SW 65TH ST
MIAMI, FL 33173

Delete

Name *Areli Acevedo*

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

3815 SW 82ND ave #37

City *Miami-Dade*

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 *Areli Acevedo*

nov 07/08

Amended AR is \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	R	<input checked="" type="checkbox"/> Delete
NAME	DUBOIS, NANCY	
STREET ADDRESS	9451 SW 65TH ST	
CITY - ST - ZIP	MIAMI, FL 33173	
TITLE	V	<input type="checkbox"/> Delete
NAME	ACEVEDO, ARELI	
STREET ADDRESS	3815 SW 82ND AVE # 37	
CITY - ST - ZIP	MIAMI, FL 33155	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	BERGMAN, AMNON	
STREET ADDRESS	3817 SW 82TH AVE # 42	
CITY - ST - ZIP	MIAMI, FL 33155	
TITLE	T	<input type="checkbox"/> Delete
NAME	BOBADILLA, MARIA E	
STREET ADDRESS	3802 SW 79TH AV. # 120	
CITY - ST - ZIP	MIAMI, FL 33155	
TITLE	D	<input type="checkbox"/> Delete
NAME	DIAZ, GUSTAVO G	
STREET ADDRESS	3817 SW 82 CO AVE # 44	
CITY - ST - ZIP	MIAMI, FL 33155	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE	R	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>Areli Acevedo</i>	
STREET ADDRESS	<i>3815 SW 82ND AVE #37</i>	
CITY - ST - ZIP	<i>Miami FL, 33155</i>	
TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>Maria E. Bobadilla</i>	
STREET ADDRESS	<i>3802 SW 79 ave # 120</i>	
CITY - ST - ZIP	<i>miami - FL, 33155</i>	
TITLE	S	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<i>Monica Mac gale</i>	
STREET ADDRESS	<i>3807 SW 82 Ave # 15</i>	
CITY - ST - ZIP	<i>miami - FL, 33155</i>	
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<i>Magaly Montero</i>	
STREET ADDRESS	<i>3820 SW 79 Ave # 98</i>	
CITY - ST - ZIP	<i>miami - FL, 33155</i>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

000137895240
11/13/08--01033--001 **\$61.25

B 11/14/08

12. I hereby certify that the information supplied with this filing 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 like empowered.

SIGNATURE: *Areli Acevedo*

nov 07/08

*3:2644334
3:2623247*

HOUSE

page 2

**TROPICAL PARK VILLAS
CONDOMINIUM ASSOCIATION
3819 SW 82 Ave
Miami, Florida 33155
305-264-4334**

November 2, 2008

This is to certify, the new Board Members of Tropical Park Villas Condominium Association are:

President:	Areli Acevedo
Vice-President:	Maria Elena Bobadilla
Treasure:	Magaly Montero
Secretary:	Monica McGale
Director:	Gustavo Diaz

Cc: Tallahassee

**TROPICAL PARK VILLAS
CONDOMINIUM ASSOC
3819 S.W. 82ND AVE.
MIAMI, FL 33155**

AMENDED
FOR PROFIT CORPORATION
ANNUAL REPORT

For Office Use Only

DO NOT WRITE IN THIS SPACE

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 NOV 13 AM 9:44

DOCUMENT # 802000089586

1. Entity Name

BARCONSA, S.A. INC.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business - No P.O. Box #

2944 NW 72 AVE

3. Mailing Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

CR2E034B (5/07)

City & State

MIAMI, FL

City & State

4. FEI Number

33-1023792

Applied For

Not Applicable

Zip

33122

Country

DADE

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

WINSTON F. BARBERAN

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

2944 NW 72 AVE

City

MIAMI

FL

Zip Code

33122

DO NOT WRITE
IN THIS SPACE

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

Winston F. Barberan

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended AR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

WINSTON F. BARBERAN (D)
2944 NW 72 AVE President
MIAMI, FL 33122

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

None - Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

05/11/13/08

300137109723
10/21/08--01008--009 **61.25

DO NOT WRITE
IN THIS SPACE

12. I hereby certify that the information supplied with this filing 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 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

Winston F. Barberan
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/16/08