2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 753294

FILED Mar 15, 2009 Secretary of State

Entity Name: TROPICAL PARK VILLAS CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:			New Princip	New Principal Place of Business:		
3819 S.W. CLUBHOL MIAMI, FL						
Current Mailing Address:			New Mailing	New Mailing Address:		
3819 S.W. CLUBHOL MIAMI, FL						
FEI Number	: 59-2265325	FEI Number Applied For ()	FEI Number Not Applica	able () Certificate of Stat	tus Desired ()	
Name and	d Address of C	Current Registered Agent:	Name and A	ddress of New Registered	Agent:	
ACEVEDO 3815 S.W. MIAMI, FL	. 82ND AVE. #3	37				
	e named entity e of Florida.	submits this statement for the p	urpose of changing its	registered office or registere	d agent, or both,	
SIGNATU	RE:					
	Electror	nic Signature of Registered Age	nt	Date		
OFFICER	S AND DIREC	TORS:	ADDITIONS	CHANGES TO OFFICERS	AND DIRECTOR	
Fitle: Name: Nddress: City-St-Zip:	R (ACEVEDO, AR 3815 S.W. 82N MIAMI, FL 331	ID AVE. #37	Title: Name: Address: City-St-Zip:	()Change ()Additio	n	
Fitle: Name: Address: City-St-Zip:	P (ACEVEDO, AR 3819 S.W. 82N MIAMI, FL 331	ID AVE. #37	Title: Name: Address: City-St-Zip:	()Change ()Additio	n	
	V () Doloto	T:41		_	
Name: ∖ddress:	BOBADILLA, M 3802 S.W. 79T MIAMI, FL 331	H AVE #120	Title: Name: Address: City-St-Zip:	()Change ()Additio	n	
Fitle: Name: Address: Dity-St-Zip: Fitle: Name: Address: Dity-St-Zip:	BOBADILLA, M 3802 S.W. 79T MIAMI, FL 331	iARIA E TH AVE #120 55 Delete NICA ID AVE. #15	Name: Address:	()Change ()Additio ()Change ()Additio		
lame: Address: City-St-Zip: Title: Jame: Address:	BOBADILLA, M 3802 S.W. 79T MIAMI, FL 331 S (MCGALE, MON 3807 S.W. 82N MIAMI, FL 331	ARIA E 14 AVE #120 155 Delete NICA ID AVE. #15 155 Delete O G O AVE # 44	Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: Address:		n	

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: ARELIACEVEDO P 03/15/2009