


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2007 8:00 am
Secretary of State

03-21-2007 90026 033 ****61.25

DOCUMENT # N05000000862

1. Entity Name
TROPICAL PARK CONDOMINIUM ASSOCIATION INC.



Principal Place of Business 3855 SW 79 AVE MIAMI, FL 33155	Mailing Address PO BOX 65-3637 MIAMI, FL 33265-3637
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DO NOT WRITE IN THIS SPACE

60025792



01022007 No Chg-NP CR2E037 (4/06)

4. FEI Number 20-3648666	Applied For Not Applicable
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5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

MARITZA BETANCOURT, ESQ
 BETANCOURT, MENA & ASSOCIATES
 19 W. FLAGLER ST #720
 MIAMI, FL 33130

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25
Due by May 1, 2007

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	PD DE MOYA, JUAN 3855 SW 74 AVE #45 MIAMI, FL 33155
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD MORERO, JOSE 2780 NE 183 ST #2202 AVENTURA, FL 33160
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ZAMORA, BEATRIZ 3807A SW 79 AVE MIAMI, FL 33155
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HERNANDEZ, YOSVANI 3831 SW 79 AVE MIAMI, FL 33155
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D UTRERA, DORIAN 7855 SW 79 AVE #34 MIAMI, FL 33155
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: _____ Date _____ Daytime Phone # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR