




2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # N05000000862						FILED 07 JUN 20 PM 12: 34 DEPARTMENT OF STATE TALLAHASSEE, FLORIDA	
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					
2. Principal Place of Business - No P.O. Box #		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.		05292007 Chg-NP		CR2E037 (12/06)	
City & State		City & State		4. FEI Number 20-3648666		Applied For Not Applicable	
Zip		Country		Zip		Country	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
MARITZA BETANCOURT, ESQ BETANCOURT, MENA & ASSOCIATES 19 W. FLAGLER ST #720 MIAMI, FL 33130				Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				City			
				FL		Zip Code	
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, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) DATE</small>							
Amended AR is \$61.25			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				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DE MOYA, JUAN 3855 SW 74 AVE #45 MIAMI, FL 33155	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PEDRO SANTANA 3855 SW 79 AVE #2 MIAMI, FL 33155	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD MORERO, JOSE 2780 NE 183 ST #2202 AVENTURA, FL 33160	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	500104884225 06/26/07--01037--025 **\$1.25		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ZAMORA, BEATRIZ 3807A SW 79 AVE MIAMI, FL 33155	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD DREGO Avila 3855 SW 79 AVE #44 MIAMI, FL 33155		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HERNANDEZ, YOSVANI 3831 SW 79 AVE MIAMI, FL 33155	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Rolando CANVAJAL 3857 SW 79 AVE MIAMI, FL 33155		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D UTRERA, DORIAN 7855 SW 79 AVE #34 MIAMI, FL 33155	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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 those empowered.							
SIGNATURE: 				6/15/07			
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<small>Date</small>		<small>Daytime Phone #</small>	