

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000000311

FILED
Feb 07, 2006
Secretary of State

Entity Name: THE TROPICAL RESORT CONDOMINIUM, INC.

Current Principal Place of Business:

6865 BAY DRIVE
BOX 24
MIAMI BEACH, FL 33141 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 190239
MIAMI BEACH, FL 33119 US

New Mailing Address:

FEI Number: 65-0580076

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BAILLEUL, DOMINIQUE
601 COLLINS AVENUE
G
MIAMI BEACH, FL 33139 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PDD () Delete
Name: TRELLES, RAFAEL
Address: 6865 BAY DRIVE # 17
City-St-Zip: MIAMI BEACH, FL 33141

Title: VPD () Delete
Name: MISSAIR, ANDRES
Address: 6865 BAY DRIVE #20
City-St-Zip: MIAMI BEACH, FL 33141

Title: SD () Delete
Name: VALENTINE, MARCUS
Address: 6865 BAY DRIVE #18
City-St-Zip: MIAMI BEACH, FL 33141

Title: TD () Delete
Name: ROMANO, COURT
Address: 6865 BAY DRIVE #14
City-St-Zip: MIAMI BEACH, FL 33141

Title: D () Delete
Name: O CONNOR, JOSEPH
Address: 6865 BAY DRIVE #21
City-St-Zip: MIAMI BEACH, FL 33141

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SD (X) Change () Addition
Name: MORELLI, PIETRO
Address: 6865 BAY DRIVE #09
City-St-Zip: MIAMI BEACH, FL 33141

Title: TD (X) Change () Addition
Name: SINGH, DIEGO
Address: 6865 BAY DRIVE #06
City-St-Zip: MIAMI BEACH, FL 33141

Title: D (X) Change () Addition
Name: CASTRO, ANDRES
Address: 6865 BAY DRIVE #19
City-St-Zip: MIAMI BEACH, FL 33141

I hereby certify that the information supplied with this filing does not qualify for the 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: RAFAEL TRELLES

PD

02/07/2006

Electronic Signature of Signing Officer or Director

Date