2005 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT (AR)**

Apr 26, 2005 8:00 am Secretary of State **DOCUMENT # 719879** 1. Entity Name 04-26-2005 90135 009 ****61.25 TROPIC BAY CONDOMINIUM APARTMENT ASSOCIATION. INC. Principal Place of Business Mailing Address 2801 FLORIDA BLVD DELRAY BEACH FL 33483 2801 FLORIDA BLVD **DELRAY BEACH FL 33483** 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/04) Applied For City & State City & State 4. FEI Number 59-1366787 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CAMPBELL PROPERTY MANAGEMENT Street Address (P.O. Box Number is Not Acceptable) 1215 EAST HILLSBORO BLVD. DEERFIELD BEACH FL 33441 City 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Trust Fund Contribution. Due By May 1, 2005 Added to Fees Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. TITLE Delete TITLE Change ☐ Addition TUST, ROBERT NAME NAME 2717 FLORIDA BLVD # 424 STREET ADDRESS STREET ADDRESS **DELRAY BEACH FL 33483** CHY-ST-76 CITY-ST-7IP Director TITLE Detete **3111** Change Addition Robert Boyd SHINKLE, MIMI NAME NAME 2829 Florida Blud #201 910 DOGWOOD DR # 245 STREET ADDRESS STREET ADDRESS **DELRAY BEACH FL 33483** CITY-ST-ZIP CITY-ST-ZIP <u>Delray Bch. Fl 33483</u> Vice President D A Change TITLE ☐ Defete Addition BLACK, JOSEPH NAME 2829 FLORIDA BLVD # 303 STREET ADDRESS STREET ADDRESS **DELRAY BEACH FL 33483** CITY-ST-ZIP CITY-ST-7/P Treasurer ☐ Delete **Addition** TITLE TITLE Change James Ross Blud # 431 2525 Florida Blud # 431 TORTORA, JERRY L NAME NAME 2525 FLORIDA BLVD., #533 STREET ADDRESS STREET ADORESS **DELRAY BEACH FL 33483** CITY-ST-7IP CITY-ST-7IP F1 33483 Delray Beh Director Terry Persily Blud # 402 Change | Addition TITLE ☐ Delete TITLE MCVEY, RICHARD NAME NAME 2717 FLORIDA BLVD., #421 2829 Florida STREET ADDRESS STREET ADDRESS DELRAY BEACH FL 33483 CITY-ST-ZIP CITY-ST-ZIP Delray Bch Fl 33483 Addition TILLE Delete TITLE Director SAMPLE, CAROL Tom O'Brien NAME NAME 2525 Florion Blud # 330 2649 FLORIDA BLVD. #119 STREET ADDRESS STREET ADDRESS **DELRAY BEACH FL 33483** Bch. Delray CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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

SIGNATURE:

changed, or on an attachment with an address

GNATURE AND TYPED OR PRINTED NAME OF

with all other like empowered.

FILED