

**2016 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# N05000000862

**Entity Name:** TROPICAL PARK CONDOMINIUM ASSOCIATION INC.

**FILED**  
**Sep 01, 2016**  
**Secretary of State**  
**CC9664172802**

**Current Principal Place of Business:**

11890 SW 8TH STREET  
SUITE 208  
MIAMI, FL 33184

**Current Mailing Address:**

11890 SW 8 STREET  
SUITE 208  
MIAMI, FL 33184 US

**FEI Number: 20-3648666**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

DENIS L. LAMBERT, P.A.  
5775 BLUE LAGOON DRIVE  
SUITE 300  
MIAMI, FL 33126 US

*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: DENIS L. LAMBERT**

**09/01/2016**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title SECRETARY  
Name CAMPOS, SEGUNDO  
Address 11890 SW 8 STREET  
SUITE 208  
City-State-Zip: MIAMI FL 33184

Title VP  
Name MARTINEZ, MARZ  
Address 11890 SW 8 STREET  
SUITE 208  
City-State-Zip: MIAMI FL 33184

Title TREASURER  
Name FERNANDEZ, VICTOR  
Address 11890 SW 8 STREET  
SUITE 208  
City-State-Zip: MIAMI FL 33184

Title PRESIDENT  
Name TURCIOS, MARIA  
Address 11890 SW 8 STREET  
SUITE 208  
City-State-Zip: MIAMI FL 33184

Title DIRECTOR  
Name RODRIGUEZ, HILDA  
Address 11890 SW 8 STREET  
SUITE 208  
City-State-Zip: MIAMI FL 33184

*I hereby 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 all other like empowered.*

**SIGNATURE: TURCIOS, MARIA**

**PRESIDENT**

**09/01/2016**

Electronic Signature of Signing Officer/Director Detail

Date