

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000000311

Entity Name: THE TROPICAL RESORT CONDOMINIUM, INC.**Current Principal Place of Business:**6865 BAY DRIVE
MIAMI BEACH, FL 33141**Current Mailing Address:**945 PENNSYLVANIA AVE
SUITE 100
MIAMI BEACH, FL 33139 US**FEI Number:** 65-0580076**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**TRIDENT REAL ESTATE
945 PENNSYLVANIA AVE
SUITE 100
MIAMI BEACH, FL 33139 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:** JASON SCHOENHOLTZ

01/14/2016

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name TRELLES, RAFAEL
Address 6865 BAY DRIVE
City-State-Zip: MIAMI BEACH FL 33141

Title TREASURER
Name SHACKLETON, SCOTT
Address 6865 BAY DRIVE
City-State-Zip: MIAMI BEACH FL 33141

Title DIRECTOR
Name MARRERO , SIGRID
Address 6865 BAY DRIVE
City-State-Zip: MIAMI BEACH FL 33141

Title DIRECTOR
Name MILLS, AARON
Address 6865 BAY DRIVE
City-State-Zip: MIAMI BEACH FL 33141

Title TREASURER
Name SHACKLETON, SCOTT
Address 6865 BAY DRIVE
City-State-Zip: MIAMI BEACH FL 33141

Title DIRECTOR
Name MARRERO , SIGRID
Address 6865 BAY DRIVE
City-State-Zip: MIAMI BEACH FL 33141

Title DIRECTOR
Name MILLS, AARON
Address 6865 BAY DRIVE
City-State-Zip: MIAMI BEACH FL 33141

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: RAFAEL TRELLES

PRESIDENT

01/14/2016

Electronic Signature of Signing Officer/Director Detail

Date