2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 12, 2007
Secretary of State

DOCUMENT# 701780

Entity Name: TROPICAL AUDUBON SOCIETY INCORPORATED

Current Principal Place of Business:

5530 SUNSET DRIVE
MIAMI, FL 33143

New Principal Place of Business:

Current Mailing Address:

5530 SUNSET DRIVE
MIAMI, FL 33143

New Mailing Address:

FEI Number: 59-6147345 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GUERRA, CYNTHIA
5530 SUNSET DR.
MIAMI, FL 33143 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:	PD	( ) Delete
Name:	BARROS, JOE	
Address:	5825 BLUE RD.	
City-St-Zip:	MIAMI, FL 33155	
Title:	1VPD	( ) Delete
Name:	TOWNSEND, DICK	
Address:	7985 SW 124TH ST.	
City-St-Zip:	MIAMI, FL 33156	
Title:	2VPD	( ) Delete
Name:	RAPOZA, BRIAN	
Address:	14525 SW 88 ST #J-207	
City-St-Zip:	MIAMI, FL 33186	
Title:	3VP	( ) Delete
Name:	REYNOLDS, LAURA	
Address:	20715 LEEWARD LANE	
City-St-Zip:	MIAMI, FL 33189	
Title:	TD	( ) Delete
Name:	PARDO, GEORGINA	
Address:	6800 SW 67 ST	
City-St-Zip:	MIAMI, FL 33143	
Title:	SD	( ) Delete
Name:	KIMBALL-MURLEY, AMY	
Address:	1890 SW 21 ST	
City-St-Zip:	MIAMI, FL 33145	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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: JOE BARROS PD 02/12/2007

Electronic Signature of Signing Officer or Director — Date