


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 16, 2007 8:00 am**  
**Secretary of State**

04-16-2007 90078 015 \*\*\*\*61.25

<b>DOCUMENT # 729914</b> 1. Entity Name <b>TROPICAL ISLE CONDOMINIUM, INC.</b>					
Principal Place of Business <b>845 COLLIER COURT MARCO ISLAND, FL 34145</b>			Mailing Address <b>845 COLLIER COURT MARCO ISLAND, FL 34145</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>59-1862143</b>	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>SPINK, SAMUEL C 845 COLLIER CT #104 MARCO ISLAND, FL 34145</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b></span> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE <input checked="" type="checkbox"/> DP NAME STREET ADDRESS CITY-ST-ZIP	<b>PLAWECKI, RICHARD</b> <b>845 COLLIER CT #503</b> <b>MARCO ISLAND, FL 34145</b>		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE <input checked="" type="checkbox"/> DST NAME STREET ADDRESS CITY-ST-ZIP	<b>ORNATO, HARRIET</b> <b>845 COLLIER CT #106</b> <b>MARCO ISLAND, FL 34145</b>		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE <input checked="" type="checkbox"/> DVP NAME STREET ADDRESS CITY-ST-ZIP	<b>JOHNSON, BERNARD</b> <b>845 COLLIER CT #504</b> <b>MARCO ISLAND, FL</b>		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE <input checked="" type="checkbox"/> D NAME STREET ADDRESS CITY-ST-ZIP	<b>SPINK, SAM</b> <b>845 COLLIER CT #104</b> <b>MARCO ISLAND, FL 34145</b>		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE <input checked="" type="checkbox"/> D NAME STREET ADDRESS CITY-ST-ZIP	<b>MCCULLY, DUNCAN</b> <b>845 COLLIER CT # 203</b> <b>MARCO ISLAND, FL 34145</b>		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP			TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	<b>McDonald, Robert</b> <b>8704 Stackport Rd.</b> <b>Louisville, KY 40222</b>	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 changed, or on an attachment with an address, with all other like empowered.					
<b>SIGNATURE:</b> <u><i>Richard Plawewski</i></u> <b>RICHARD PLAWECKI</b>			Date <u>4/11/07</u> 239 Daytime Phone # <u>389-6786</u>		