

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2008 8:00 am
Secretary of State

04-25-2008 90127 006 ****61.25

DOCUMENT # 729914 1. Entity Name TROPICAL ISLE CONDOMINIUM, INC.					
Principal Place of Business 845 COLLIER COURT MARCO ISLAND, FL 34145				Mailing Address 845 COLLIER COURT MARCO ISLAND, FL 34145	
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 59-1862143	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SPINK, SAMUEL C 845 COLLIER CT #104 MARCO ISLAND, FL 34145				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
		Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	DP <input type="checkbox"/> Delete			TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PLAWECKI, RICHARD			NAME	Plawecki, Richard
STREET ADDRESS	845 COLLIER CT #503			STREET ADDRESS	845 Collier Ct # 503
CITY-ST-ZIP	MARCO ISLAND, FL 34145			CITY-ST-ZIP	Marco Island, FL 34145
TITLE	DST <input type="checkbox"/> Delete			TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ORNATO, HARRIET			NAME	Winje, Robert
STREET ADDRESS	845 COLLIER CT #106			STREET ADDRESS	845 Collier Ct # 502
CITY-ST-ZIP	MARCO ISLAND, FL 34145			CITY-ST-ZIP	Marco Island, FL 34145
TITLE	DVP <input type="checkbox"/> Delete			TITLE	
NAME	JOHNSON, BERNARD			NAME	
STREET ADDRESS	845 COLLIER CT #504			STREET ADDRESS	
CITY-ST-ZIP	MARCO ISLAND, FL			CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete			TITLE	
NAME	SPINK, SAM			NAME	
STREET ADDRESS	845 COLLIER CT #104			STREET ADDRESS	
CITY-ST-ZIP	MARCO ISLAND, FL 34145			CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> Delete			TITLE	
NAME	MCDONALD, ROBERT			NAME	
STREET ADDRESS	8704 STOCKPORT RD			STREET ADDRESS	
CITY-ST-ZIP	LOUISVILLE, KY 40222			CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete			TITLE	
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
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.					
SIGNATURE: <u>Richard Plawecki</u> RICHARD PLAWECKI <u>4/16/08</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					