FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



Secretary of State DIVISION OF CORPORATIONS

May 05, 1999 8:00 am § Secretary of State FLORIDA DEPARTMENT OF STATE **Katherine Harris**

05-05-1999 90036 029 ****61.25

	1999		CO WE TO
OCU	MENT:	# 748	896

TROPIC SHORES CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

14251 GULF BLVD. MADEIRA BCH. FL 33708

1. Corporation Name

Mailing Address

14251 GULF BLVD. MADEIRA BCH. FL 33708

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2. Principal F	Place of Business	2a. Mailing Address		3. Date Incorporated or Qualifed			
21		26		09/13/1979			
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		4. FEI Number	Applied For		
22		27		59-2063803	Not Applicable		
City & Star	te	City & State		5. Certifcate of Status Desired	\$8.75 Additional		
23	0	28			Fee Required		
Zip	Country	Zip	Country	6. Election Campaign Financing	\$5.00 May Be		
24	9. Name and Address of Current Registered Agent			Trust Fund Contribution 10. Name and Address of New Registered	Added to Fees		
	3. Name and Address of Curren	it Negistered Agent	81 Name	10. Haine and Address Of New Negistered	- Agent		
MOTUO	0.00041						
	VIRTUOSO, SUSAN (14521)GULF BLVD			82 Street Address (P.O. Box Number is Not Acceptable)			
	BEACH FL 33708		83 , , , ,	<u> </u>			
MADEIRA	DEACH FL 33700		142	51 GULF BLUD.			
[84 City	FI	85 Zip Code		
11. Pursuant	to the provisions of Sections 617.0502	2 and 617.1508, Florida Statutes	s, the above-named corpo	oration submits this statement for the purpose of	changing its registered		
	registered agent, or both, in the State of im familiar with, and accept the obligat			on's board of directors. I hereby accept the appo	intment as registered		
	im lamiliar with, and accept the obligat	nons of, Section of F. OSOS, Florid	ua Statutes.				
SIGNATURE	Signature, typed or printed name of registered agen	t and title if applicable. (NOTE: F	Registered Agent signature required	d when reinstating) DATE			
12.	OFFICERS AN	D DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AN	ND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1,1 TITLE		☐ Change ☐ Addition		
NAME	LOVICO, MARIO		1.2 NAME				
STREET ADDRESS	164-06-95 ST.		1.3 STREET ADDRESS				
CITY-ST-ZIP	HOWARD BEACH NY		1.4 CITY-ST-ZIP	_			
TITLE	VPD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition		
NAME	SCHIRPKE, JOSEF		2.2 NAME				
STREET ADDRESS	51 WALL ST		2.3 STREET ADDRESS				
CITY-ST-ZIP	MEREDITH NH 03253		2.4 CITY+ST+ZIP				
TITLE	STD	☐ DELETE	3.1 TITLE	• •	☐ Change ☐ Addition		
NAME	BISHOP, CORINNE		3.2 NAME				
STREET ADDRESS	12333 89TH TERRACE N.		3.3 STREET ADDRESS				
CITY-ST-ZIP	SEMINOLE FL 33772		3.4. CITY-ST-ZIP				
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition		
NAME			4. 2 NAME				
STREET ADDRESS			4.3 STREET ADDRESS				
CITY-ST-ZIP			4.4 CiTY-ST-ZiP	ay ang ang pandin re			
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition		
NAME			5.2 NAME		1		
STREET ADDRESS			5.3 STREET ADDRESS				
CITY-ST-ZIP			5.4 CITY-ST-ZIP				
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition		
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET ADDRESS		ļ		
CITY OT 7ID	i		B 64 CITY-ST-7#P	-	1		

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: