

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 748896

1. Entity Name

TROPIC SHORES CONDOMINIUM ASSOCIATION, INC.

FILED
Mar 06, 2000 8:00 am
Secretary of State

03-06-2000 90123 042 ****61.25

Principal Place of Business

Mailing Address

14251 GULF BLVD.
MADEIRA BCH. FL 33708

14251 GULF BLVD.
MADEIRA BCH. FL 33708-2236

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2063803

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

VIRTUOSO, SUSAN
14251 GULF BLVD
MADEIRA BEACH FL 33708

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
PD	LOVICO, MARIO	164-06-95 ST.	HOWARD BEACH NY	<input checked="" type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
VPD	SCHIRPKE, JOSEF	51 WALL ST	MEREDITH NH 03253	<input type="checkbox"/>	STD				<input checked="" type="checkbox"/>	<input type="checkbox"/>
STD	BISHOP, CORINNE	12333 89TH TERRACE N.	SEMINOLE FL 33772	<input checked="" type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
PD	Jeffrey Mahnke	7280 60th Ave. No.	St. Petersburg, FL 33709	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
VPD	Craig Killingbeck	56 Bloomsgrrove Ave.	Port Hope, Ont. Canada L1A1X4	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

12. 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 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:

Jeffrey Mahnke, President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jeffrey Mahnke, PD 727-544-5311

Date

Daytime Phone #

CR2E037 (9/99)