

2001 UNIFORM BUSINESS REPORT (UBR)

4/24/

FILED
May 18, 2001 8:00 am
Secretary of State

04-24-2001 90323 045 ****70.00

DOCUMENT # 748896

1. Entity Name

TROPIC SHORES CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

14251 GULF BLVD.
 MADEIRA BCH. FL 33708

Mailing Address

14251 GULF BLVD.
 MADEIRA BCH. FL 33708

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

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

VIRTUOSO, SUSAN
 14251 GULF BLVD
 MADEIRA BEACH FL 33708

7. Name and Address of New Registered Agent

Name **DOUG STYLES**

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

14251 GULF BLVD

City **MADEIRA BEACH** FL **33708**

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.)

4/20/01
 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

TITLE	STD	<input type="checkbox"/> Delete
NAME	SCHIRPKA, JOSEF	
STREET ADDRESS	51 WALL ST	
CITY-ST-ZIP	MEREDITH NH 03253	
TITLE	PD	<input type="checkbox"/> Delete
NAME	MAHNKE, JEFFREY	
STREET ADDRESS	7280 60TH AVE NO.	
CITY-ST-ZIP	SAINT PETERSBURG FL 33709	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	KILLINGBECK, CRAIG	
STREET ADDRESS	56 BLOOMSGROVE AVE	
CITY-ST-ZIP	FORT HOPE ONT. CANADA L1A1X4	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARK BORTH	
STREET ADDRESS	189 NUTBEEN RD	
CITY-ST-ZIP	EASTLEIGH HANTS S05051D ENGLAND	
TITLE	VP/SEC/TREASURER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KRAIG KILLINGBECK	
STREET ADDRESS	50 BLOOMSGROVE AVE	
CITY-ST-ZIP	FORT HOPE ONT CANADA L1A1X4	
TITLE	JEFFREY MAHNKE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	7280 60TH AVE NO	
STREET ADDRESS	ST. PETERSBURG, FL 33709	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/01
 Date

(27) 392-6322
 Daytime Phone #

CR2E037 (10/00)