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**SECRETARY OF STATE TALLAHASSEE, FLORIDA**

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**CORPORATION ANNUAL REPORT 1995**

**FLORIDA DEPARTMENT OF STATE**  
Sandra B. Morison  
Secretary of State  
DIVISION OF CORPORATIONS



**DOCUMENT # 753294 (8)**

1. Corporation Name  
**TROPICAL PARK VILLAS CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business      Mailing Address

**3819 S.W. 82ND AVE. CLUBHOUSE MIAMI FL 33155**      **3819 S.W. 82ND AVE. CLUBHOUSE MIAMI FL 33155**

3. Date Incorporated or Qualified <b>07/09/1980</b>	3a. Date of Last Report <b>01/29/1994</b>
4. FEI Number <b>59-2265325</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	<b>\$68.75</b> Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country

9. Name and Address of Current Registered Agent

**LORENZO, JOSE**  
**3819 SW 82 AVE CLUBHOUSE**  
**MIAMI FL 33155**

10. Name and Address of New Registered Agent

81 Name <b>FROILAN VAZQUEZ</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>3824 SW 79 AVE #111</b>
83
84 City <b>MIAMI, FL</b>
85 Zip Code <b>33155</b>

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: *Froilan Vazquez*      **FROILAN VAZQUEZ**      **PRESIDENT**      **3/16/95**

Signature, typed or printed name of registered agent and title (if applicable)      (NOTE: Registered Agent signature required when registering)      DATE

12. OFFICERS AND DIRECTORS

TITLE <b>PD</b>	NAME <b>LORENZO, JOSE</b>
STREET ADDRESS <b>3819 SW 82 AVENUE #35</b>	
CITY - ST - ZIP <b>MIAMI FL 33155</b>	
TITLE <b>SVP</b>	NAME <b>ABELLA, LUIS</b>
STREET ADDRESS <b>3810 SW 79 AVE #61</b>	
CITY - ST - ZIP <b>MIAMI FL</b>	
TITLE <b>Y</b>	NAME <b>GANTAMARIA, INNOCENTE</b>
STREET ADDRESS <b>3805 SW 82 AVENUE #11</b>	
CITY - ST - ZIP <b>MIAMI FL</b>	
TITLE	NAME
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	NAME
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	NAME
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE <b>PRESIDENT "D"</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME <b>FROILAN VAZQUEZ</b>	
1.3 STREET ADDRESS <b>3824 SW 79 AVE #111</b>	
1.4 CITY - ST - ZIP <b>MIAMI FL 33155</b>	
2.1 TITLE <b>SECRETARY "D"</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME <b>MONICA MEGALE</b>	
2.3 STREET ADDRESS <b>3807 S.W. 82 AVE #15</b>	
2.4 CITY - ST - ZIP <b>MIAMI FL 33155</b>	
3.1 TITLE <b>TREASURER "D"</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME <b>RAMON IRIGOREN</b>	
3.3 STREET ADDRESS <b>3809 S.W. 82 AVE #22</b>	
3.4 CITY - ST - ZIP <b>MIAMI FL 33155</b>	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Froilan Vazquez*      **FROILAN VAZQUEZ**      **3/1/95**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      (Type in Year #)