2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2006 08:00 AM
Secretary of State

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1. Entity Name
TROPICARE VILLAS CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
P. O. BOX 831601	P. O. BOX 831601
MIAMI, FL 33283-1601	MIAMI, FL 33283-1601

DO NOT WRITE IN THIS SPACE

01132006 No Chg-NP CR2E037 (11/05)

4. FEI Number
65-1086195

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

SANTIAGO, MICHAEL
3851 SW 147 AVE., #102
MIAMI, FL 33185

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

Filing Fee is $61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	SANTIAGO, MICHAEL
STREET ADDRESS	3831 SW 147 AVE # 102
CITY-ST-ZIP	MIAMI, FL 33185
TITLE	TD
NAME	GUZMAN, HENRY
STREET ADDRESS	3831 SW 147 AVE # 104
CITY-ST-ZIP	MIAMI, FL 33185
TITLE	SD
NAME	SANTIAGO, BARBARA
STREET ADDRESS	3831 SW 147 AVE # 102
CITY-ST-ZIP	MIAMI, FL 33185
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

[illegible] $*1531.25
000001389561
01/20/06-80056-001 61.25

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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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: M H Michael Santiago 1/13/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #