

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 08, 2007 08:00 AM
Secretary of State

DOCUMENT # N01000001819

1. Entity Name
TROPICARE VILLAS CONDOMINIUM ASSOCIATION, INC.



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

Mailing Address
P. O. BOX 831601
MIAMI, FL 33283-1601



02042007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

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

**DO NOT WRITE
IN THIS SPACE**

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 _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$61.25
Due by May 1, 2007**

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

U00000628766
02/16/07-80031-001 61.25

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IN THIS SPACE**

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 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

Date

Daytime Phone #