

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 14, 2008 08:00 A
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

DO NOT WRITE IN THIS SPACE



01082008 No Chg-NP

CR2E037 (4/08)

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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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, 2008**

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	

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01/16/08-80038-012 61.25

**DO NOT WRITE
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

Michael Santiago (President)

Date

1/8/08

Daytime Phone # _____