2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2009
Secretary of State

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Entity Name: TROPICARE VILLAS CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

P. O. BOX 831601

MIAMI, FL 332831601

New Principal Place of Business:

P. O. BOX 227757

MIAMI, FL 332227757

Current Mailing Address:

P. O. BOX 831601

MIAMI, FL 332831601

New Mailing Address:

P. O. BOX 227757

MIAMI, FL 332227757

FEI Number: 65-1086195 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: SANTIAGO, MICHAEL
Address: 3831 SW 147 AVE # 102
City-St-Zip: MIAMI, FL 33185

Title: TD ( ) Delete
Name: GUZMAN, HENRY
Address: 3831 SW 147 AVE # 104
City-St-Zip: MIAMI, FL 33185

Title: SD ( ) Delete
Name: SANTIAGO, BARBARA
Address: 3831 SW 147 AVE # 102
City-St-Zip: MIAMI, FL 33185

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: SANTIAGO, MICHAEL
Address: 3841 SW 147 AVE # 104
City-St-Zip: MIAMI, FL 33185

Title: TD (X) Change ( ) Addition
Name: GUZMAN, HENRY
Address: 3841 SW 147 AVE # 104
City-St-Zip: MIAMI, FL 33185

Title: SD (X) Change ( ) Addition
Name: SANTIAGO, BARBARA
Address: 3841 SW 147 AVE # 104
City-St-Zip: MIAMI, FL 33185

Title: SD ( ) Change (X) Addition
Name: MELLADO, ANA
Address: 3841 SW 147 AVE #104
City-St-Zip: MIAMI, FL 33185

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL SANTIAGO PD 01/29/2009

Electronic Signature of Signing Officer or Director — Date