

**2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT****FILED**  
**Sep 01, 2009**  
**Secretary of State**

DOCUMENT# N05000007448

**Entity Name:** TROPICAL MANOR CONDOMINIUM ASSOCIATION, INC.**Current Principal Place of Business:**12350 SW 132 COURT  
STE 114  
MIAMI, FL 33186**New Principal Place of Business:**6801 NW 77 AVE  
204  
MIAMI, FL 33166**Current Mailing Address:**12350 SW 132 COURT  
STE 114  
MIAMI, FL 33186**New Mailing Address:**6801 NW 77 AVE  
204  
MIAMI, FL 33166**FEI Number:** 20-3565097**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**EISINGER, BROWN, LEWIS, & FRANKEL  
4000 HOLLYWOOD BLVD  
STE 265 SOUTH  
HOLLYWOOD, FL 33021 US**Name and Address of New Registered Agent:**RENOVATIONS PROPERTY MANAGEMENT  
6801 NW 77 AVE  
204  
MIAMI, FL 33166 US

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: RENOVATIONS PROPERTY MANAGEMENT

09/01/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: ALONSO, JUAN P  
Address: 3905 SW 78 COURT #205  
City-St-Zip: MIAMI, FL 33155

Title: VP ( ) Delete  
Name: POL, OTTO  
Address: 3903 SW 78 COURT #210  
City-St-Zip: MIAMI, FL 33155

Title: T ( ) Delete  
Name: PINO, FRANK  
Address: 3901 SW 78 COURT #221  
City-St-Zip: MIAMI, FL 33186

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: ALONSO, JUAN P  
Address: 6801 NW 77 AVE #204  
City-St-Zip: MIAMI, FL 33166

Title: VP (X) Change ( ) Addition  
Name: POL, OTTO  
Address: 6801 NW 77 AVE #204  
City-St-Zip: MIAMI, FL 33166

Title: T (X) Change ( ) Addition  
Name: PINO, FRANK  
Address: 6801 NW 77 AVE #204  
City-St-Zip: MIAMI, FL 33166

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: ALONSO, JUAN P

P

09/01/2009

Electronic Signature of Signing Officer or Director

Date