

# 2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N05000008778

FILED  
Apr 10, 2007  
Secretary of State

**Entity Name:** TROPICAL GARDENS CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

3607 W IDLEWILD AVE  
TAMPA, FL 33004

**New Principal Place of Business:**

**Current Mailing Address:**

3607 W IDLEWILD AVE  
TAMPA, FL 33004

**New Mailing Address:**

9300 NORTH 16TH STREET  
TAMPA, FL 33612

FEI Number: 20-3539428      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

HABER, ROBERT,  
520 BRICKELL DR  
STE O-305  
MIAMI, FL 33131 US

**Name and Address of New Registered Agent:**

VANGUARD MANAGEMENT GROUP INC  
9300 NORTH 16TH STREET  
TAMPA, FL 33612 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: BOB MOYER

04/10/2007

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: SOTO, MIGUEL  
Address: 920 W 84TH ST  
City-St-Zip: HIALEAH, FL 33014

Title: VPD ( ) Delete  
Name: GANDARILLAS, GUSTAVO  
Address: 920 W 84TH ST  
City-St-Zip: HIALEAH, FL 33014

Title: STD (X) Delete  
Name: VISBAL, JAIME  
Address: 920 W 84TH ST  
City-St-Zip: HIALEAH, FL 33014

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

Title: PD (X) Change ( ) Addition  
Name: HULIARIS, GEORGIA  
Address: 3607 W IDLEWILD AVE, APT B203  
City-St-Zip: TAMPA, FL 33614

Title: VPD (X) Change ( ) Addition  
Name: MORALES, TEUDY  
Address: 2801 WINDING TRAIL DRIVE  
City-St-Zip: VALRICO, FL 33594

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: TEUDY MORALES

VPD

04/10/2007

Electronic Signature of Signing Officer or Director

Date