

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000000274

FILED
Apr 27, 2009
Secretary of State

Entity Name: TROP-NEVAD ASSOCIATION INC.

Current Principal Place of Business:

1324 NW 27 AVE
FT LAUDERDALE, FL 33311

New Principal Place of Business:

Current Mailing Address:

PO BOX 9406
FT LAUDERDALE, FL 33310

New Mailing Address:

FEI Number: 11-3773876

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

DAVENPORT, OZZIE M
1324 NW 27 AVE
FT LAUDERDALE, FL 33311 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: DS () Delete
Name: TAYLOR, DOLLIE L
Address: 1801 NW 3RD CT
City-St-Zip: FT LAUDERDALE, FL 33311

Title: PD () Delete
Name: DAVENPORT, ANIKA M
Address: 420 NW 20TH AVENUE APT-A
City-St-Zip: FORT LAUDERDALE, FL 33311

Title: VDC () Delete
Name: DAVENPORT, OZZIEE M
Address: 1324 NW 27 AVE
City-St-Zip: FT LAUDERDALE, FL 33311

Title: VD () Delete
Name: DAVENPORT, NIARA A
Address: 420 NW 20TH AVE APT A
City-St-Zip: FORT LAUDERDALE, FL 33311

Title: VTD () Delete
Name: GRIFFIN, LILLIE B
Address: 3111 OAKLAND SHORES DRIVE F-108
City-St-Zip: FORT LAUDERDALE, FL 33309

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: VDC (X) Change () Addition
Name: DAVENPORT, OZZIE M
Address: 1324 NW 27 AVE
City-St-Zip: FT LAUDERDALE, FL 33311

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

Title: VTD (X) Change () Addition
Name: GRIFFIN, LILLIE B
Address: 1460 NW 2ND STREET, A206
City-St-Zip: FORT LAUDERDALE, FL 33311

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: OZZIE M DAVENPORT

VDC

04/27/2009

Electronic Signature of Signing Officer or Director

Date