## 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N09569

FILED Mar 09, 2010 Secretary of State

Entity Name: TROPICAL BREEZE ESTATES, INC.

Current Principal Place of Business: New Principal Place of Business:

4280 MOCKINGBIRD DR.

BOYNTON BEACH, FL 33436 US

Current Mailing Address: New Mailing Address:

ASSOCIATED PROPERTY MANAGEMENT 1928 LAKE WORTH RD LAKE WORTH, FL 33461 US

FEI Number: 59-2506773 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

BECKER, POLIAKOFF, P.A. 625 N. FLAGLER DR

WEST PALM BEACH, FL 33401 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:

Electronic Signature of Registered Agent Date

**OFFICERS AND DIRECTORS:** 

Title: F

Name: FALZONE, ROBERT
Address: 4152 MEADOWVIEW DR
City-St-Zip: BOYNTON BEACH, FL 33436

Title: \

 Name:
 PILLARS, JANET

 Address:
 4034 SANDPINE CIRCLE

 City-St-Zip:
 BOYNTON BEACH, FL 33436

Title: S

Name: GULICK, ROBERT C
Address: 76 VILLAGE WALK
City-St-Zip: SPENCERPORT, NY 14559

Title: T

 Name:
 GRANT, MICHAEL

 Address:
 4005 WHITEPINE DRIVE

 City-St-Zip:
 BOYNTON BEACH, FL 33436

Title: [

 Name:
 GRANT, LAWRENCE

 Address:
 4309 MISSION BELL DRIVE

 City-St-Zip:
 BOYNTON BEACH, FL 33436

Title: [

 Name:
 REYGAERT, DON

 Address:
 4226 BOBWHITE DRIVE

 City-St-Zip:
 BOYNTON BEACH, FL 33436

I hereby 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 all other like empowered.

SIGNATURE: JOHN MATH, APM AGT 03/09/2010