

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09569

FILED
Apr 16, 2012
Secretary of State

Entity Name: TROPICAL BREEZE ESTATES, INC.

Current Principal Place of Business:

4280 MOCKINGBIRD DR.
BOYNTON BEACH, FL 33436 US

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

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

Name and Address of Current Registered Agent:

ROSENBAUM MOLLENGARDEN JANSSEN & SIRAUSSA,
PLLC.
250 AUSTRALAIN AVENUE SOUTH, STE., 500
WEST PALM BEACH, FL 33401 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: P
Name: FALZONE, ROBERT
Address: 4152 MEADOWVIEW DR
City-St-Zip: BOYNTON BEACH, FL 33436

Title: V
Name: PILLARS, JANET
Address: 4034 SANDPINE CIRCLE
City-St-Zip: BOYNTON BEACH, FL 33436

Title: S
Name: HIRSHORN, TOBIE
Address: 4327 BOBWHITE DRIVE
City-St-Zip: BOYNTON BEACH, FL 33436

Title: T
Name: GRANT, MICHAEL
Address: 4005 WHITEPINE DRIVE
City-St-Zip: BOYNTON BEACH, FL 33436

Title: D
Name: GRANT, LAWRENCE
Address: 4309 MISSION BELL DRIVE
City-St-Zip: BOYNTON BEACH, FL 33436

Title: D
Name: DOH, ALBERT
Address: 4240 MOCKINGBIRD 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: BRIAN MCENTEE

APM

04/16/2012

Electronic Signature of Signing Officer or Director

Date