

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N25212

FILED
Jan 23, 2007
Secretary of State

Entity Name: THE TROPICS ON VENETIAN BAY CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

1044 CASTELLO DR #206
NAPLES, FL 34103 US

New Principal Place of Business:

Current Mailing Address:

1044 CASTELLO DR #206
NAPLES, FL 34103 US

New Mailing Address:

FEI Number: 59-2918442

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SOUTHWEST PROPERTY MANAGEMENT CORP.
1044 CASTELLO DR #206
NAPLES, FL 34103 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: VD () Delete
Name: JONES, GORDON
Address: 4530 GULF SHORE BLVD N #232
City-St-Zip: NAPLES, FL 34103

Title: VD () Delete
Name: MILLER, KENNETH
Address: 4500 GULF SHORE BLVD N #111
City-St-Zip: NAPLES, FL

Title: PD () Delete
Name: BARTON, JAMES
Address: 4530 GULF SHORE BLVD #312
City-St-Zip: NAPLES, FL 34103

Title: TD () Delete
Name: BYRNE, RICHARD
Address: 4500 GULF SHORE BLVD N #231
City-St-Zip: NAPLES, FL 34103

Title: SD () Delete
Name: LINEHAN, CHRISTY
Address: 4530 GULF SHORE BLVD #122
City-St-Zip: NAPLES, FL 34103

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: V/D (X) Change () Addition
Name: KLINE, ANNE
Address: 4530 GULF SHORE BLVD # 142
City-St-Zip: NAPLES, FL 34103

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

Title: V/T (X) Change () Addition
Name: BYRNE, RICHARD
Address: 4500 GULF SHORE BLVD N #231
City-St-Zip: NAPLES, FL 34103

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: STEVEN WILLIAMS

AGEN

01/23/2007

Electronic Signature of Signing Officer or Director

Date