2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N25212

FILED Apr 19, 2011 Secretary of State

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

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

1044 CASTELLO DR #206 NAPLES, FL 34103 US

Current Mailing Address: New Mailing Address:

1044 CASTELLO DR #206 NAPLES, FL 34103 US

FEI Number: 59-2918442 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:

SOUTHWEST PROPERTY MANAGEMENT CORP. 1044 CASTELLO DR #206 NAPLES, FL 34103 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: VP/S

Name: LIPSON, HERB

Address: 4500 GULF SHORE BLVD. N., #141

City-St-Zip: NAPLES, FL 34103

Title: V/D

Name: KLINE, ANNE

Address: 4530 GULF SHORE BLVD # 142

City-St-Zip: NAPLES, FL 34103

Title: PD

Name: BARTON, JAMES

Address: 4530 GULF SHORE BLVD #312

City-St-Zip: NAPLES, FL 34103

Title: V/T

Name: BYRNE, RICHARD

Address: 4500 GULFSHORE BLVD N #231

City-St-Zip: NAPLES, FL 34103

Title: VP

Name: CASPER, PETER M

Address: 4560 GULF SHORE BLVD. NO., #323

City-St-Zip: NAPLES, FL 34103

Title: [

Name: KRACKELER, BILL

Address: 4560 GULF SHORE BLVD. NO., #133

City-St-Zip: NAPLES, FL 34103

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: JAMES BARTON P 04/19/2011