

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N25641

FILED
Apr 28, 2006
Secretary of State

Entity Name: TROPIC SUN TOWERS CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

591 SOUTH ATLANTIC AVE
ORMOND BEACH, FL 32176

New Principal Place of Business:

Current Mailing Address:

591 SOUTH ATLANTIC AVENUE
ORMOND BEACH, FL 32176

New Mailing Address:

FEI Number: 59-2920075

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COLLINS, KEN
591 SOUTH ATLANTIC AVENUE
ORMOND BEACH, FL 32176 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: D () Delete
Name: DAVID, SMITH
Address: 4535 CAPTIVA LN.
City-St-Zip: BRADENTON, FL 34203

Title: PD () Delete
Name: SCALLAN, MICHAEL
Address: 20429 NETHERLAND ST.
City-St-Zip: ORLANDO, FL 32833

Title: TD () Delete
Name: TOMLINSON, KENNETH
Address: 17108 SW 75TH AVENUE
City-St-Zip: ARCHER, FL 32618

Title: SD () Delete
Name: PETERSON, TONI
Address: 591 SOUTH ATLANTIC AVE
City-St-Zip: ORMOND BEACH, FL 32176

Title: D () Delete
Name: BRYSON, WARREN
Address: 746 W. COLBERT COURT
City-St-Zip: BEVERLY HILLS, FL 34465

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

Title: D (X) Change () Addition
Name: BARD, JOHN
Address: 1230 S.E. KINGSBAY DR.
City-St-Zip: CRYSTAL RIVER, FL 34429

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

Title: D () Change (X) Addition
Name: WIKLE, RICHARD
Address: 911 OAKCREST DRIVE
City-St-Zip: REIDSVILLE, NC 27320

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: MICHAEL SCALLAN

PD

04/28/2006

Electronic Signature of Signing Officer or Director

Date