

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2006 08:00 AM
Secretary of State

DOCUMENT # N38527

1. Entity Name
TROPIC SHORES CONDOMINIUM ASSOCIATION OF VOLUSIA COUNTY, INC.



Principal Place of Business Mailing Address

3111 S ATLANTIC AVE 3111 S ATLANTIC AVE
DAYTONA BCH, FL 32118 DAYTONA BCH, FL 32118

DO NOT WRITE IN THIS SPACE



03022006 No Chg-NP CRZE037 (11/05)

4. FEI Number Applied For
59-3037141 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

KENNEDY, R. MICHAEL
LANDIS, GRAHAM, FINCH French
444 SEABREEZE, SUITE 1001
DAYTONA BEACH, FL 32118

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	DT
NAME	LEONARD, CURTIS
STREET ADDRESS	3429 S. PENINSULA DR.
CITY-ST-ZIP	DAYTONA BEACH, FL 32118
TITLE	DS
NAME	SENDELBACH, MARILYN
STREET ADDRESS	3835 PLANTATION BLVD
CITY-ST-ZIP	LEESBURG, FL 34748
TITLE	DP
NAME	RISPOLI, FRED
STREET ADDRESS	699 SW 59TH ST
CITY-ST-ZIP	OCALA, FL 34474
TITLE	DVP
NAME	GALLANT, PAUL
STREET ADDRESS	15012 COLLEY DR
CITY-ST-ZIP	TAVARES, FL 32778
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 04/19/06-80096-021 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* **3/18/06** **386-761-5882**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #