

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

3111 S ATLANTIC AVE
DAYTONA BCH, FL 32118

Mailing Address

3111 S ATLANTIC AVE
DAYTONA BCH, FL 32118



03022006 No Chg-NP

CRZE037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3037141

Applied For

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

**DO NOT WRITE
IN THIS SPACE**

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

Signature typed or printed name of registered agent and title if applicable

(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

000000493240
04/19/06-80096-021 61.25

**DO NOT WRITE
IN THIS SPACE**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/18/06

Date

386-761-5882

Daytime Phone