FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT
1998

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 02 1998 8:00am
Secretary of State

DOCUMENT # N94000003422 (2)

1. Corporation Name

TROPICO CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
1614 EUCLID AVENUE MIAMI BEACH FL 33139 US	1614 EUCLID AVENUE MIAMI BEACH FL 33139 US

3. Date Incorporated or Qualified: 07/12/1994

4. FEI Number: 65-0580728 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

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

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

GRAHAM, MICHAEL H
7614 S.W. 106 AVE.
MIAMI FL 33173

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	GRAHAM, MICHAEL H.		1.2 NAME		
STREET ADDRESS	7614 SW 106 AVENUE		1.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		1.4 CITY-ST-ZIP		
TITLE	SD	☒ DELETE	2.1 TITLE	STD	☐ Change ☒ Addition
NAME	PITTMAN, MICHAEL A.		2.2 NAME	NANCY J. HILPERT	
STREET ADDRESS	1614 EUCLID AVENUE, UNIT 36		2.3 STREET ADDRESS	1614 Euclid Ave # 32	
CITY-ST-ZIP	MIAMI BEACH FL		2. 4 CITY-ST-ZIP	Miami Beach, FL	
TITLE	VTD	☒ DELETE	3.1 TITLE	VD	☐ Change ☒ Addition
NAME	HOLLAR, ROSEMARY		3.2 NAME	TERRY Lee Feiler	
STREET ADDRESS	1614 EUCLID AVENUE, UNIT 33		3.3 STREET ADDRESS	1614 Euclid Ave #31	
CITY-ST-ZIP	MIAMI BEACH FL		3.4. CITY-ST-ZIP	Miami Beach, FL	
TITLE	D	☒ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	TOMBLESON, SARAH		4. 2 NAME		
STREET ADDRESS	1614 EUCLID AVENUE, UNIT 21		4.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI BEACH FL		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE	D	☒ Change ☐ Addition
NAME	SABALA, WIMA		5.2 NAME	Wilma, Sabala	
STREET ADDRESS	1614 EUCLID AVENUE, UNIT 22		5.3 STREET ADDRESS	1614 Euclid Ave # 22	
CITY-ST-ZIP	MIAMI BEACH FL		5.4 CITY-ST-ZIP	Miami Beach, FL	
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	MORALES, ALEXANDER		6.2 NAME		
STREET ADDRESS	1614 EUCLID AVENUE, UNIT 34		6.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI BEACH FL		6.4 CITY-ST-ZIP		

CR2E037 (10/97)

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Nancy J. Hilpert EVP Nancy J. Hilpert 1/12/98 305-535-8240
Officer or Director Signature: (Required) Print Name & Title Date Daytime Phone Number