

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000003422

FILED
Apr 27, 2005
Secretary of State

Entity Name: TROPICO CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

1614 EUCLID AVENUE
MIAMI BEACH, FL 33139 US

New Principal Place of Business:

Current Mailing Address:

309 23RD STREET #3B
MIAMI BEACH, FL 33139 US

New Mailing Address:

309 23RD STREET
#300
MIAMI BEACH, FL 33139 US

FEI Number: 65-0580728

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

REGATTA REAL ESTATE MANAGEMENT INC
309 23RD STREET
#3B
MIAMI BEACH, FL 33139 US

Name and Address of New Registered Agent:

REGATTA REAL ESTATE MANAGEMENT INC
309 23RD STREET
#300
MIAMI BEACH, FL 33139 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: TIM VODA

04/27/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: HARMEYER, NANCY
Address: 1614 EUCLID AVE
City-St-Zip: MIAMI BEACH, FL 33139

Title: VP () Delete
Name: LOPEZ, JUSTIN
Address: 1614 EUCLID AVE
City-St-Zip: MIAMI BEACH, FL 33139

Title: T () Delete
Name: GOIA, ROBERT
Address: 1614 EUCLID AVE
City-St-Zip: MIAMI BEACH, FL 33139

Title: S (X) Delete
Name: LAVIN, FRANK
Address: 1614 EUCLID AVE
City-St-Zip: MIAMI BEACH, FL 33139

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: S (X) Change () Addition
Name: HARMEYER, NANCY
Address: 1614 EUCLID AVE
City-St-Zip: MIAMI BEACH, FL 33139

Title: P (X) Change () Addition
Name: LOPEZ, JUSTIN
Address: 1614 EUCLID AVE
City-St-Zip: MIAMI BEACH, FL 33139

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

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: JUSTIN LOPEZ

P

04/27/2005

Electronic Signature of Signing Officer or Director

Date