2005 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Jul 28, 2005
Secretary of State

DOCUMENT# N94000003422

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
#300
MIAMI BEACH, FL 33139 US

New Mailing Address:

C/O BLUE SKY MIAMI
820 EUCLID AVE STE 104
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
#300
MIAMI BEACH, FL 33139 US

Name and Address of New Registered Agent:

MICHAEL GOMEZ
1930 TYLER ST
HOLLYWOOD, FL 33020 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: M GOMEZ/RMS 07/28/2005
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

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

Title: P ( ) 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

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:

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: J LOPEZ/RMS D 07/28/2005
Electronic Signature of Signing Officer or Director — Date