

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000003422

FILED
Jan 25, 2006
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:

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

New Mailing Address:

C/O BLUE SKY MIAMI
1680 MICHIGAN AVENUE
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:

MICHAEL GOMEZ
1930 TYLER ST
HOLLYWOOD, FL 33020 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

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

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: D () Change (X) Addition
Name: BODNAR, ANTONIA
Address: 2718 STEPHENSON LANE
City-St-Zip: WASHINGTON, DC 20015

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 / FI

P

01/25/2006

Electronic Signature of Signing Officer or Director

Date