2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2007
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:

C/O BLUE SKY MIAMI
1680 MICHIGAN AVENUE
MIAMI BEACH, FL 33139 US

New Mailing Address:

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

Title: D ( ) Delete
Name: BODNAR, ANTONIA
Address: 2718 STEPHENSON LANE
City-St-Zip: WAHINGTON, DC 20015

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

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:

Title: D ( ) Change (X) Addition
Name: YOUNG, BRIAN
Address: 1614 EUCLID AVENUE # 36
City-St-Zip: MIAMI BEACH, FL 33139

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/YDC D 01/17/2007

Electronic Signature of Signing Officer or Director — Date