## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N94000003422

FILED Jan 28, 2008 Secretary of State

Entity Name: TROPICO CONDOMINIUM ASSOCIATION, INC.

US

Current Principal Place of Business: New Principal Place of Business:

1614 EUCLID AVENUE MIAMI BEACH, FL 33139

Current Mailing Address: New Mailing Address:

C/O BLUE SKY MIAMI
1680 MICHIGAN AVENUE

C/O DEVAN MCNALLY, LCAM
8606 WHITE CAY

MIAMI BEACH, FL 33139 US WEST PALM BEACH, FL 33411 US

FEI Number: 65-0580728 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

MICHAEL GOMEZ BIRNHOLZ, MICHAEL ESQ 1930 TYLER ST 1025 KANE CONCOURSE

HOLLYWOOD, FL 33020 US SUITE 203
BAY HARBOR ISLANDS, FL 33154 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: MICHAEL BIRNHOLZ 01/28/2008

Electronic Signature of Registered Agent Date

## OFFICERS AND DIRECTORS: ADDITIONS/

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

itle: P ( ) Delete Title: D (X) Change ( ) Addition

 Name:
 LOPEZ, JUSTIN
 Name:
 RECKERT, JOHN

 Address:
 1614 EUCLID AVE
 Address:
 1614 EUCLID AVE

 City-St-Zip:
 MIAMI BEACH, FL 33139
 City-St-Zip:
 MIAMI BEACH, FL 33139

Title: D ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 HARMEYER, NANCY
 Name:

 Address:
 1614 EUCLID AVE
 Address:

 City-St-Zip:
 MIAMI BEACH, FL 33139
 City-St-Zip:

Title: D ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 BODNAR, ANTONIA
 Name:

 Address:
 2718 STEPHENSON LANE
 Address:

 City-St-Zip:
 WAHINGTON, DC 20015
 City-St-Zip:

Title: D (X) Delete Title: ( ) Change ( ) Addition

 Name:
 YOUNG, BRIAN
 Name:

 Address:
 1614 EUCLID AVENUE # 36
 Address:

 City-St-Zip:
 MIAMI BEACH, FL 33139
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: JOHN RECKERT D 01/28/2008