

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000003422

FILED  
Jan 05, 2009  
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 DEVAN MCNALLY, LCAM  
8606 WHITE CAY  
WEST PALM BEACH, FL 33411 US

## New Mailing Address:

BLUE SKY MIAMI  
1680 MICHIGAN AVE STE 908  
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:

BIRNHOLZ, MICHAEL ESQ  
1025 KANE CONCOURSE  
SUITE 203  
BAY HARBOR ISLANDS, FL 33154 US

## Name and Address of New Registered Agent:

BLUE SKY MIAMI  
1680 MICHIGAN AVE, STE 908  
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: RM SHEINER

01/05/2009

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: RECKERT, JOHN  
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: WASHINGTON, DC 20015

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

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition  
Name: MUELLER, MARTIN  
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:

Title: MGR ( ) Change (X) Addition  
Name: ESTEVES, SEAN  
Address: 1680 MICHIGAN AVE, STE 908  
City-St-Zip: MIAMI BEACH, FL 33139

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: RM SHEINER

MGR

01/05/2009

Electronic Signature of Signing Officer or Director

Date