# 2012 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

**FILED**
**Apr 30, 2012**
**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:**

BLUE SKY MIAMI
1680 MICHIGAN AVE STE 908
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:**

BLUE SKY MIAMI
1680 MICHIGAN AVE, STE 908
MIAMI BEACH, FL 33139 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: PRES
Name: MUELLER, MARTIN
Address: 1614 EUCLID AVE
City-St-Zip: MIAMI BEACH, FL 33139

Title: SECR
Name: ESQUERRA, NORBERTO
Address: 1614 EUCLID AVE
City-St-Zip: MIAMI BEACH, FL 33139

Title: TREA
Name: ROMANOWSKI, RIANNA
Address: 1614 EUCLID AVE
City-St-Zip: MIAMI BEACH, FL 33139

Title: MGR
Name: SHEINER, R MAXWELL
Address: 1680 MICHIGAN AVE, STE 908
City-St-Zip: MIAMI BEACH, FL 33139

I hereby 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 all other like empowered.

SIGNATURE: R MAXWELL SHEINER MGR 04/30/2012
Electronic Signature of Signing Officer or Director Date