

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N96000002705

**FILED**  
**Apr 13, 2011**  
**Secretary of State**

**Entity Name:** TROPICAL SHOPPES OF BAYSHORE CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

932 SW BAYSHORE BLVD  
PORT ST. LUCIE, FL 34983 US

**New Principal Place of Business:**

**Current Mailing Address:**

932 SW BAYSHORE BLVD  
PORT ST. LUCIE, FL 34983 US

**New Mailing Address:**

200 S. INDIAN RIVER DRIVE  
203  
FORT PIERCE, FL 34950 US

**FEI Number:** 65-0756216

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

EDGE, JOSEPH  
932 SW BAYSHORE BLVD  
PORT ST. LUCIE, FL 34983 US

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

BRYAN, BEN  
200 S. INDIAN RIVER DRIVE  
203  
FORT PIERCE, FL 34950 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: BEN BRYAN

04/13/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: RECE  
Name: BRYAN, BEN  
Address: 200 S. INDIAN RIVER DRIVE  
City-St-Zip: FORT PIERCE, FL 34950

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: BEN BRYAN

RECE

04/13/2011

Electronic Signature of Signing Officer or Director

Date