

# **2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N96000002705

**FILED**  
**Apr 28, 2012**  
**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:**

950SW BAYSHORE BLVD  
PORT ST. LUCIE, FL 34983 US

**Current Mailing Address:**

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

**New Mailing Address:**

950SW BAYSHORE BLVD  
PORT ST. LUCIE, FL 34983 US

**FEI Number:** 65-0756216

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

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

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

BROWN, WEYMAN  
3146 SE OVERBROOK DRIVE  
PORT ST LUCIE, FL 34952 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: WEYMAN BROWN

04/28/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PRES  
Name: WEYMAN, BROWN  
Address: 3146 SE OVERBROOK DRIVE  
City-St-Zip: PORT ST LUCIE FLA, FL 34952

Title: VP  
Name: MATHURA, DEVANAND  
Address: 184 SE OSPREY RIDGE  
City-St-Zip: PORT ST LUCIE, FL 34984

Title: SEC  
Name: KELLY-BROWN, SHARON J  
Address: 3146 SE OVERBROOK DRIVE  
City-St-Zip: PORT ST LUCIE, FL 34952

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: WEYMAN BROWN

PRES

04/28/2012

Electronic Signature of Signing Officer or Director

Date