

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

DOCUMENT# N98000006850

**FILED**  
**Feb 16, 2011**  
**Secretary of State**

**Entity Name:** THE TROPICS CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

1120 NE 10TH STREET  
#8  
HALLANDALE BEACH, FL 33009

**New Principal Place of Business:**

**Current Mailing Address:**

1120 NE 10TH STREET  
#8  
HALLANDALE BEACH, FL 33009

**New Mailing Address:**

**FEI Number:**                      **FEI Number Applied For ( )**                      **FEI Number Not Applicable (X)**                      **Certificate of Status Desired ( )**

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

MOMCILOV, VALENTIN  
1120 NE 10TH STREET #8  
HALLANDALE, FL 33009      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: PD  
Name: MOMCILOV, VALENTIN  
Address: 1120 NE 10TH ST., #8  
City-St-Zip: HALLANDALE, FL 33009

Title: VPD  
Name: MORSE, BARRY  
Address: 1120 NE 10TH ST., #6  
City-St-Zip: HALLANDALE, FL 33009

Title: SD  
Name: XIDIS, PETER  
Address: 6601 SHERIDAN ST  
City-St-Zip: HOLLYWOOD, FL 33024

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: VALENTIN MOMCILOV

PD

02/16/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date