

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 26, 2006 8:00 am**  
**Secretary of State**

04-26-2006 90211 020 \*\*\*\*61.25

<b>DOCUMENT # N99000003876</b> 1. Entity Name <b>TROPICAL COURT VILLAS CONDOMINIUM NO. 1 ASSOCIATION, INC.</b>					
Principal Place of Business <b>8060 W 28 COURT #203 HIALEAH, FL 33018</b>			Mailing Address <b>8060 W 28 COURT #203 HIALEAH, FL 33018</b>		
2. Principal Place of Business <b>8000, 8020, 8060, 8090 Suite, Apt. #, etc. W. 28th Court</b>			3. Mailing Address <b>2011 W. 62nd Street Suite, Apt. #, etc.</b>		
City & State <b>Hialeah FL</b>			City & State <b>Hialeah, FL</b>		
Zip <b>33018</b>		Country <b>USA</b>		Zip <b>33016</b>	
Country <b>USA</b>		4. FEI Number <b>65-0965007</b>			
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>AMERICAN MANAGEMENT &amp; REALTY, INC. 2011 WEST 62 STREET HIALEAH, FL 33016</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD OLIVERA, DELILAH 8060 W 28TH COURT, #203 HIALEAH, FL 33018	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BARREIRO, IBEL 8090 WEST 28 COURT #205 HIALEAH, FL 33018	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MARTI, GEMA 8060 W 28TH COURT, #101 HIALEAH, FL 33018	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Marti, Hilda 8090 W. 28th Ct. #101 Hialeah, FL 33018 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARTIN, MARIA 8060 WEST 28 COURT #204 HIALEAH, FL 33018	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LAZO, YUZIMA 8060 W 28TH COURT, #204 HIALEAH, FL 33018	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Lazo, Yuzima 8090 W. 28th Ct. #204 Hialeah, FL 33018 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
<b>SIGNATURE:</b>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date <b>4/4/06</b> (305) 558-9820					

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