

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 16, 2007 8:00 am**  
**Secretary of State**

01-16-2007 90191 024 \*\*\*\*61.25

**DOCUMENT # N99000003876**

1. Entity Name  
TROPICAL COURT VILLAS CONDOMINIUM NO. 1  
ASSOCIATION, INC.



Principal Place of Business  
8000.8020.8060.8090  
WEST 28TH CT  
HIALEAH, FL 33018

Mailing Address  
2011 WEST 62ND ST  
HIALEAH, FL 33016

40002503



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

01052007 Chg-NP CR2E037 (12/06)

4. FEI Number  
65-0965007

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

AMERICAN MANAGEMENT & REALTY, INC.  
2011 WEST 62 STREET  
HIALEAH, FL 33016

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

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

Signature, typed or printed name of registered agent and fee if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25**  
**Due by May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make check payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete  
NAME OLIVERA, DELILAH  
STREET ADDRESS 8060 W 28TH COURT, #203  
CITY-ST-ZIP HIALEAH, FL 33018

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE TD ☐ Delete  
NAME BARREIRO, IBEL  
STREET ADDRESS 8090 WEST 28 COURT #205  
CITY-ST-ZIP HIALEAH, FL 33018

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE SD ☒ Delete  
NAME MARTI, HILDA  
STREET ADDRESS 8090 WEST 28TH CT  
CITY-ST-ZIP HIALEAH, FL 33018

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME MARTIN, MARIA  
STREET ADDRESS 8060 WEST 28 COURT #204  
CITY-ST-ZIP HIALEAH, FL 33018

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME LAZO, YURIMA  
STREET ADDRESS 8090 WEST 28TH CT #204  
CITY-ST-ZIP HIALEAH, FL 33018

TITLE ☒ Change ☐ Addition  
NAME LAZO, YURIMA  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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.

SIGNATURE:

*Del Olivera*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/6/07

3055589820