

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 30, 2008 8:00 am
Secretary of State

05-30-2008 90216 034 ****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

40106617



03252008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0965007

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

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IN THIS SPACE**

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

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

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

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/25/08

305-558-9820