

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 27, 2006 08:00 AM
Secretary of State

DOCUMENT # P04000015677

1. Entity Name
TROPICAL ACCOMMODATIONS, INC.



Principal Place of Business
**100 EAST GRANADA BLVD
2ND FLOOR
ORMOND BEACH, FL 32176 US**

Mailing Address
**100 EAST GRANADA BLVD
2ND FLOOR
ORMOND BEACH, FL 32176 US**



01312006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
01-0805802

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**REIMAN, MATHESON, YAGHAN & DURHAM, P.A.
110 E. GRANADA BLVD.
STE. 104
ORMOND BEACH, FL 32176**

**DO NOT WRITE
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 _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME COTELLI, LARRY
STREET ADDRESS 100 E. GRANADA BLVD.
CITY-ST-ZIP ORMOND BEACH, FL 32176

TITLE VD
NAME CAMINO, MICHAEL
STREET ADDRESS 5832 SPRUCE CREEK WOODS DR.
CITY-ST-ZIP DAYTONA BEACH, FL 32127

TITLE STD
NAME SCHLOSSBERG, STEVE
STREET ADDRESS 100 E. GRANADA BLVD.
CITY-ST-ZIP ORMOND BEACH, FL 32176

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000400357
02/11/06-80085-001 150.00

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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 607, 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

STEVE SCHLOSSBERG 1-31-06 386-257-2026

Date

Daytime Phone #