

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N38527

Entity Name: TROPIC SHORES CONDOMINIUM ASSOCIATION OF VOLUSIA COUNTY, INC.**FILED**
Feb 07, 2019
Secretary of State
7620771048CC**Current Principal Place of Business:**3111 S ATLANTIC AVE
DAYTONA BCH SHORES, FL 32118**Current Mailing Address:**3111 S ATLANTIC AVE
DAYTONA BCH SHORES, FL 32118**FEI Number: 59-3037141****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**MURRAY, CASEY
3111 S ATLANTIC AVE
DAYTONA BCH SHORES, FL 32118 US*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: CASEY MURRAY****02/07/2019**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :Title D, TREASURER
Name GILLESPI, DON
Address 107 WOLF AVE
City-State-Zip: ENGLEWOOD OH 45322Title DP
Name RISPOLI, FRED
Address 699 SW 59TH ST
City-State-Zip: OCALA FL 34471Title DIRECTOR
Name BURNEY, JOHN T
Address 2157 TUCKER RD
City-State-Zip: MACON GA 31220Title VP
Name SENDELBACH, MARILYN
Address 3003 S. ATLANTIC AVE
3A2
City-State-Zip: DAYTONA BEACH SHORES FL 32118Title SECRETARY
Name WADE, NATHEN
Address 66 N. ST. ANDREWS DR
City-State-Zip: ORMOND FL 32174Title OTHER
Name MURRAY, CASEY NOLEN
Address 3111 S ATLANTIC AVE
City-State-Zip: DAYTONA BCH SHORES FL 32118

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: CASEY MURRAY**GENERAL MANAGER****02/07/2019**

Electronic Signature of Signing Officer/Director Detail

Date