


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT CORPORATION ANNUAL REPORT 1996		FLORIDA DEPARTMENT OF STATE Sandra B. Morthorst Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 768019 (2)
 1. Corporation Name
THE TROPICANA CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business 15645 COLLINS AVE. OFFICE MIAMI FL 33160-4762	Mailing Address 15645 COLLINS AVE. OFFICE MIAMI FL 33160-4762
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3. Date Incorporated or Qualified 04/19/1983	3a. Date of Last Report 03/08/1995
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2. Principal Place of Business 21 Suite, Apt. #, etc. 1ST FLOOR OFFICE	2a. Mailing Address 26 SAME	4. FEI Number 59-2348203	Applied For Not Applicable
22 City & State MIAMI BEACH FL	27 Suite, Apt. #, etc. (Same as 21)	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input checked="" type="checkbox"/> \$5.00 May Be Added to Fees
23 City & State (Same as 22)	28 City & State (Same as 22)	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
24 Zip 33160	25 Country (USA)	29 Zip 33160	30 Country (USA)

9. Name and Address of Current Registered Agent
**BERNSTEIN, BEN
 15645 COLLINS AVE
 #802
 MIAMI BEACH FL 33160**

10. Name and Address of New Registered Agent

81 Name LUTHER T. GRAY
82 Street Address (P.O. Box Number is Not Acceptable) 15645 COLLINS AVE. #304
83
84 City MIAMI BEACH
85 Zip Code FL 33160

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: *[Signature]* (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input checked="" type="checkbox"/> DELETE	1.1 TITLE	PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BERNSTEIN, BEN	1.2 NAME	LUTHER T. GRAY
STREET ADDRESS	15645 COLLINS AVENUE, #802	1.3 STREET ADDRESS	15645 COLLINS AVE # 304
CITY-ST-ZIP	MIAMI BEACH FL	1.4 CITY-ST-ZIP	MIAMI BEACH, FLORIDA 33160
TITLE	V <input checked="" type="checkbox"/> DELETE	2.1 TITLE	VICE PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARNES, PATRICIA	2.2 NAME	ANTHONY LIOTTI
STREET ADDRESS	15645 COLLINS AVENUE, #601	2.3 STREET ADDRESS	15645 COLLINS AVE. #405
CITY-ST-ZIP	MIAMI BEACH FL	2.4 CITY-ST-ZIP	
TITLE	ST <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RICCIO, GAY	3.2 NAME	
STREET ADDRESS	15646 COLLINS AVENUE, #903	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH FL	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KAPLAN, JANET	4.2 NAME	
STREET ADDRESS	15645 COLLINS AVE 508	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH FL	4.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	BOARD OF DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LIOTTI, TONY	5.2 NAME	BONNIE CLARKE
STREET ADDRESS	15645 COLLINS AVE. #405	5.3 STREET ADDRESS	15645 COLLINS AVE. # 303
CITY-ST-ZIP	MIAMI BEACH FL	5.4 CITY-ST-ZIP	MIAMI BEACH, FLORIDA
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HANSON, MAHLON	6.2 NAME	
STREET ADDRESS	15645 COLLINS AVE #704	6.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH FL	6.4 CITY-ST-ZIP	

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **SIGNATURE REQUIRED** *Gay R. Riccio* 6-6-96 305-940-0003
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
GAY R. RICCIO, SECRETARY-TREASURER

CR2E037 (3/96)