

FILE NOW: FILING FEE IS \$61.25

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**May 14 1997 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 768019 (2)
1. Corporation Name
THE TROPICANA CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business Mailing Address
**15645 COLLINS AVE. 15645 COLLINS AVE.
1ST FLOOR OFFICE 1ST FLOOR OFFICE
MIAMI FL 33160-4762 MIAMI FL 33160-4763**

3. Date Incorporated or Qualified **04/19/1983** 3a. Date of Last Report **08/12/1996**

2. Principal Place of Business 2a. Mailing Address
21 **26** **SAME**

4. FEI Number **59-2348203** Applied For Not Applicable

Suite, Apt. #, etc. Suite, Apt. #, etc.
22 **27**

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

City & State City & State
23 **28**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

Zip Country Zip Country
24 **25** **29** **30**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
**GRAY, LUTHER T
15645 COLLINS AVE
#304
MIAMI BEACH FL 33160**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** **85** Zip Code

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE	P <input type="checkbox"/> DELETE
NAME	GRAY, LUTHER T
STREET ADDRESS	15645 COLLINS AVE. #304
CITY-ST-ZIP	MIAMI BCH. FL 33160
TITLE	V <input type="checkbox"/> DELETE
NAME	LIOTTI, ANTHONY
STREET ADDRESS	15645 COLLINS AVE. #405
CITY-ST-ZIP	MIAMI FL 33160-4762
TITLE	ST <input type="checkbox"/> DELETE
NAME	RICCIO, GAY
STREET ADDRESS	15648 COLLINS AVENUE, #903
CITY-ST-ZIP	MIAMI BEACH FL
TITLE	D <input type="checkbox"/> DELETE
NAME	KAPLAN, JANET
STREET ADDRESS	15645 COLLINS AVE 506
CITY-ST-ZIP	MIAMI BEACH FL
TITLE	D <input type="checkbox"/> DELETE
NAME	CLARKE, BONNIE
STREET ADDRESS	15645 COLLINS AVE. #303
CITY-ST-ZIP	MIAMI FL 33160-4762
TITLE	D <input type="checkbox"/> DELETE
NAME	HANSON, MAHLON
STREET ADDRESS	15645 COLLINS AVE #704
CITY-ST-ZIP	MIAMI BEACH FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	D BERNSTEIN BEN
1.3 STREET ADDRESS	15645 COLLINS AV. #302
1.4 CITY-ST-ZIP	MIAMI BCH, FLA. 33160
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	200002190612
6.4 CITY-ST-ZIP	-05/27/97--01003--043
	***61.25

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 BY **Gay R Riccio**

CR2E037 (9/96)