

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. 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. OFFICE** **15645 COLLINS AVE. OFFICE**  
**MIAMI FL 33160-4762** **MIAMI FL 33160-4762**

3. Date Incorporated or Qualified **04/19/1983** 3a. Date of Last Report **03/08/1995**

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
<b>21</b> Suite, Apt. #, etc.	<b>26</b> <b>SAME</b>	<b>59-2348203</b>	<input type="checkbox"/> Not Applicable
<b>22</b> <b>1ST FLOOR OFFICE</b>	<b>27</b> Suite, Apt. #, etc.	5. Certificate of Status Desired	<input type="checkbox"/> <b>\$8.75</b> Additional Fee Required
<b>23</b> City & State	<b>28</b> City & State	6. Election Campaign Financing	<input checked="" type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
<b>24</b> Zip	<b>25</b> Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>29</b> Zip	<b>30</b> Country		

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BERNSTEIN, BEN  
15645 COLLINS AVE  
#802  
MIAMI BEACH FL 33160

81 Name **LUTHER T. GRAY**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**15645 COLLINS AVE. #304**  
83  
84 City **MIAMI BEACH** FL 85 Zip Code **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	1.1 TITLE	<b>PRESIDENT</b>
NAME	BERNSTEIN, BEN	1.2 NAME	<b>LUTHER T. GRAY</b>
STREET ADDRESS	15645 COLLINS AVENUE, #802	1.3 STREET ADDRESS	<b>15645 COLLINS AVE #304</b>
CITY-ST-ZIP	MIAMI BEACH FL	1.4 CITY-ST-ZIP	<b>MIAMI BEACH, FLORIDA 33160</b>
TITLE	V	2.1 TITLE	<b>VICE PRESIDENT</b>
NAME	BARNES, PATRICIA	2.2 NAME	<b>ANTHONY LIOTTI</b>
STREET ADDRESS	15645 COLLINS AVENUE, #801	2.3 STREET ADDRESS	<b>15645 COLLINS AVE. #405</b>
CITY-ST-ZIP	MIAMI BEACH FL	2.4 CITY-ST-ZIP	
TITLE	ST	3.1 TITLE	
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	4.1 TITLE	
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	5.1 TITLE	<b>BOARD OF DIRECTOR</b>
NAME	LIOTTI, TONY	5.2 NAME	<b>BONNIE CLARKE</b>
STREET ADDRESS	15645 COLLINS AVE. #405	5.3 STREET ADDRESS	<b>15645 COLLINS AVE. #303</b>
CITY-ST-ZIP	MIAMI BEACH FL	5.4 CITY-ST-ZIP	<b>MIAMI BEACH, FLORIDA</b>
TITLE	D	6.1 TITLE	
NAME	HANSON, MAHLON	6.2 NAME	<b>300001919073</b>
STREET ADDRESS	15645 COLLINS AVE #704	6.3 STREET ADDRESS	<b>-08/12/96--01032--046</b>
CITY-ST-ZIP	MIAMI BEACH FL	6.4 CITY-ST-ZIP	<b>***61.25</b>

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**