

FILE NOW: FILING FEE IS \$61.25

FILED

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

Principal Place of Business 15645 COLLINS AVE. 1ST FLOOR OFFICE MIAMI FL 33160-4762	Mailing Address 15645 COLLINS AVE. 1ST FLOOR OFFICE MIAMI FL 33160-4763
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 04/19/1983		3a. Date of Last Report 08/12/1996	
21 Suite, Apt. #, etc.		26 SAME		4. FEI Number 59-2348203		Applied For Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input checked="" type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country		29 Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
GRAY, LUTHER T 15645 COLLINS AVE #304 MIAMI BEACH FL 33160				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	P	<input type="checkbox"/> DELETE		1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	GRAY, LUTHER T			1.2 NAME	BERNSTEIN, BEN		
STREET ADDRESS	15645 COLLINS AVE. #304			1.3 STREET ADDRESS	15645 COLLINS AV. #302		
CITY-ST-ZIP	MIAMI BCH. FL 33160			1.4 CITY-ST-ZIP	MIAMI BCH, FLA. 33160		
TITLE	V	<input type="checkbox"/> DELETE		2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LIOTTI, ANTHONY			2.2 NAME			
STREET ADDRESS	15645 COLLINS AVE. #405			2.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33160-4762			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	15648 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 type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CLARKE, BONNIE			5.2 NAME			
STREET ADDRESS	15645 COLLINS AVE. #303			5.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33160-4762			5.4 CITY-ST-ZIP			
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			

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Gay R. Riccio 5797 305-9400023
GAY R. RICCIO, SEC. TREAS. 0031485

CR2E037 (9/96)