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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

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 SAME  
22 City & State 27 City & State  
23 Zip 28 Country  
24 25 29 30

3. Date Incorporated or Qualified 04/19/1983 3a. Date of Last Report 08/12/1996  
4. FEI Number 59-2348203 Applied For Not Applicable  
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution ☒ \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ 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 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE  
NAME GRAY, LUTHER T  
STREET ADDRESS 15645 COLLINS AVE. #304  
CITY-ST-ZIP MIAMI BCH. FL 33160  
TITLE V ☐ DELETE  
NAME LIOTTI, ANTHONY  
STREET ADDRESS 15645 COLLINS AVE. #405  
CITY-ST-ZIP MIAMI FL 33160-4762  
TITLE ST ☐ DELETE  
NAME RICCIO, GAY  
STREET ADDRESS 15646 COLLINS AVENUE, #903  
CITY-ST-ZIP MIAMI BEACH FL  
TITLE D ☐ DELETE  
NAME KAPLAN, JANET  
STREET ADDRESS 15645 COLLINS AVE 506  
CITY-ST-ZIP MIAMI BEACH FL  
TITLE D ☐ DELETE  
NAME CLARKE, BONNIE  
STREET ADDRESS 15645 COLLINS AVE. #303  
CITY-ST-ZIP MIAMI FL 33160-4762  
TITLE D ☐ 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 ☐ Change ☒ Addition  
1.2 NAME D BERNSTEIN, BEN  
1.3 STREET ADDRESS 15645 COLLINS AVE. #802  
1.4 CITY-ST-ZIP MIAMI BCH, FLA. 33160  
2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP  
3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP  
4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP  
5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP  
6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
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 BY LAW R. Riccio 5/14/97 3:58 PM

CR2E037 (9/96)