NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 768019

1. Corporation Name

THE TROPICANA CONDOMINIUM ASSOCIATION, INC.

FILED Feb 26, 1999 8:00 am § Secretary of State

02-26-1999 90072 043 ****61.25

Principal Place	of Business	Mailing Address									
15645 COLLINS AVE.		15645 COLLINS AVE.									
1ST FLOOR OFFICE		1ST FLOOR OFFICE			ļ						
MIAM) FL 33160-4762		MIAMI FL 33160-4762				ı İndili (Amia e	11 0 1 10111 0010	1 11616 3611 616	is Atmer Armer de	MAT MEMORE	
		2a 88.97 . Address			3 0	ato Incorporate	ad or Ouali	fort		<u> </u>	
∠. Principal Pla	ace of Business	2a. Mailing Address	¬ ·			3. Date Incorporated or Qualifed 04/19/1983					
21		Suite Ant # etc				4. FEI Number Applied For					
Suite, Apt. #, etc.		Suite, Apt. #, etc.				59-2348203 Not Applicable					
Ciby & State		City & State				0 2040200			\$8.7	5 Add	
City & State					5. Ce	ertifcate of Sta	itus Desire	d . 🗆	·	e Requ	
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24	9. Name and Address of Current	_1=-1	1			ame and Add		w Register			
	5. Name and Address of Current	Kadistalan Vasur	81	Name							,
											, .
GRAY, LUTHER T			82	Street A	et Address (P.O. Box Number is Not Acceptable)						
	LLINS AVE		83								
#304						•	_	<u> </u>			
miami bej	ACH FL 33160		84	City			•	,	FL 85	Zip Co	de)
44 5	to the provisions of Sections 617.0502	and 617 1509 Florida Statutos th	he above	e-named o	corporation s	ubmits this sta	tement for	the numos	e of changin	a its re	gistered
office or re	agistored agent or both in the State o	if Florida. Such change was author	nzed by	the corbo	ration's boar	d of directors.	I hereby a	ccept the ar	ppointment a	s regis	tered
agent. I ar	m familiar with, and accept the obligation	ons of, Section 617.0503, Florida S	Statutes	•							ŀ
SIGNATURE	Ol and a second agent	and title if applicable /NOTE: Begin	etered Ager	et elonatura ra	equired when reins	stating)		DATE	<u> </u>		·
12.	Signature, typed or printed name of registered agent OFFICERS AND		13.	it significant	AD	DITIONS/CHA	NGES TO	OFFICERS	AND DIRE	CTOR	S IN 12
TITLE	P		1.1 TITLE		D				☐ Cha	nge	Addition
11700											/
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CITY-ST-ZIP

MIAMI BEACH FL

14. I 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, with all other like empowered.

SIGNATURE: