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**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.

Principal Place of Business

15645 COLLINS AVE.
1ST FLOOR OFFICE
MIAMI FL 33160-4762

Mailing Address

15645 COLLINS AVE.
1ST FLOOR OFFICE
MIAMI FL 33160-4762



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

04/19/1983

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

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

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
NAME GRAY, LUTHER T
STREET ADDRESS 15645 COLLINS AVE. #304
CITY-ST-ZIP MIAMI BCH. FL 33160 ☐ DELETE

TITLE V
NAME LIOTTI, ANTHONY
STREET ADDRESS 15645 COLLINS AVE. #405
CITY-ST-ZIP MIAMI FL 33160-4762 ☐ DELETE

TITLE ST
NAME RICCIO, GAY
STREET ADDRESS 15646 COLLINS AVENUE, #903
CITY-ST-ZIP MIAMI BEACH FL ☐ DELETE

TITLE D
NAME KAPLAN, JANET
STREET ADDRESS 15645 COLLINS AVE 506
CITY-ST-ZIP MIAMI BEACH FL ☐ DELETE

TITLE D
NAME CLARKE, BONNIE
STREET ADDRESS 15645 COLLINS AVE. #303
CITY-ST-ZIP MIAMI FL 33160-4762 ☒ DELETE

TITLE D
NAME HANSON, MAHLON
STREET ADDRESS 15645 COLLINS AVE #704
CITY-ST-ZIP MIAMI BEACH FL ☒ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D ☐ Change ☒ Addition
1.2 NAME LOUIS NARDUCCI
1.3 STREET ADDRESS 15645 COLLINS AV. #403
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 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)