

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 768019

1. Entity Name

THE TROPICANA CONDOMINIUM ASSOCIATION, INC.

**FILED**  
**Jan 28, 2000 8:00 am**  
**Secretary of State**

01-28-2000 90098 020 \*\*\*\*61.25

Principal Place of Business

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

Mailing Address

15645 COLLINS AVE.  
1ST FLOOR OFFICE  
MIAMI FL 33160-4769

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2348203

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GRAY, LUTHER T  
15645 COLLINS AVE  
#304  
MIAMI BEACH FL 33160

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:**  
**FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input type="checkbox"/> Delete
NAME	GRAY, LUTHER T	
STREET ADDRESS	15645 COLLINS AVE. #304	
CITY-ST-ZIP	MIAMI BCH. FL 33160	
TITLE	V	<input type="checkbox"/> Delete
NAME	LIOTTI, ANTHONY	
STREET ADDRESS	15645 COLLINS AVE. #405	
CITY-ST-ZIP	MIAMI FL 33160-4762	
TITLE	ST.	<input type="checkbox"/> Delete
NAME	RICCIO, GAY	
STREET ADDRESS	15646 COLLINS AVENUE, #903	
CITY-ST-ZIP	MIAMI BEACH FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	KAPLAN, JANET	
STREET ADDRESS	15645 COLLINS AVE 506	
CITY-ST-ZIP	MIAMI BEACH FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	NARDUCCI, LOUIS	
STREET ADDRESS	15645 COLLINS AVE. #303	
CITY-ST-ZIP	MIAMI FL 33160-4762	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HANSON, MAHLON	
STREET ADDRESS	15645 COLLINS AVE #704	
CITY-ST-ZIP	MIAMI BEACH FL	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Gay Riccio*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-13-2000 305-940-0003

CR2E037 (9/99)