2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 768019

1. Entity Name

THE TROPICANA CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
15645 COLLINS AVE. 1ST FLOOR OFFICE MIAMI FL 33160-4762	15645 COLLINS AVE. 1ST FLOOR OFFICE MIAMI FL 33160-4762

FILED
Jan 09, 2001 8:00 am
Secretary of State
01-09-2001 90006 020 ****61.25

B0000681

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		
City & State		City & State		**4.** FEI Number 59-2348203	Applied For / Not Applicable
Zip	Country	Zip	Country	**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~~ # 303 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	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	GRAY, LUTHER T		NAME	*15645 COLLINS AVE. #303*	
STREET ADDRESS	15645 COLLINS AVE. #304		STREET ADDRESS		
CITY-ST-ZIP	MIAMI BCH. FL 33160		CITY-ST-ZIP		
TITLE	V	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	LIOTTI, ANTHONY		NAME		
STREET ADDRESS	15645 COLLINS AVE. #405		STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33160-4762		CITY-ST-ZIP		
TITLE	ST	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	RICCIO, GAY		NAME		
STREET ADDRESS	15646 COLLINS AVENUE, #903		STREET ADDRESS		
CITY-ST-ZIP	MIAMI BEACH FL		CITY-ST-ZIP		
TITLE	D	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	KAPLAN, JANET		NAME		
STREET ADDRESS	15645 COLLINS AVE 506		STREET ADDRESS		
CITY-ST-ZIP	MIAMI BEACH FL		CITY-ST-ZIP		
TITLE	D	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	NARDUCCI, LOUIS		NAME		
STREET ADDRESS	15645 COLLINS AVE. #303		STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33160-4762		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change	☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

CR2E037 (10/00)

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: _____ Treasurer   1-4-2001   305-940-0003

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #