

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 09, 2002 8:00 am
Secretary of State

02-20-2002 90099 033 ****61.25

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

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** ☐ Delete
 NAME **GRAY, LUTHER T**
 STREET ADDRESS **15645 COLLINS AV 303**
 CITY-ST-ZIP **MIAMI BCH. FL 33160**

TITLE **D** ☐ Change ☒ Addition
 NAME **BOARD MEMBER**
 STREET ADDRESS **ARTHUR ALLAN**
 CITY-ST-ZIP **15645 COLLINS AV. #802**
MIAMI BEACH, FLA. 33160

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

TITLE **V** ☒ Change ☐ Addition
 NAME **VICE PRESIDENT**
 STREET ADDRESS **JANET KAPLAN**
 CITY-ST-ZIP **15645 COLLINS AV. #506**
MIAMI BEACH, FLA. 33160

TITLE **ST** ☐ Delete
 NAME **RICCIO, GAY**
 STREET ADDRESS **15648 COLLINS AVENUE, #903**
 CITY-ST-ZIP **MIAMI BEACH FL**

TITLE **D** ☐ Change ☒ Addition
 NAME **JEAN LIOTTI**
 STREET ADDRESS **BOARD MEMBER**
 CITY-ST-ZIP **15645 COLLINS AV. #405**
MIAMI BEACH, FLA. 33160

TITLE **D** ☒ Delete
 NAME **KAPLAN, JANET**
 STREET ADDRESS **15645 COLLINS AVE 508**
 CITY-ST-ZIP **MIAMI BEACH FL**

TITLE **D** ☐ Change ☒ Addition
 NAME **BOARD MEMBER**
 STREET ADDRESS **MAXIMILIAAN RUTTEN**
 CITY-ST-ZIP **15645 COLLINS AV. #706**
MIAMI BEACH, FLA. 33160

TITLE **D** ☐ Delete
 NAME **NARDUCCI, LOUIS**
 STREET ADDRESS **15645 COLLINS AVE. #303**
 CITY-ST-ZIP **MIAMI FL 33160-4762**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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 R. RICCIO

GAY R. RICCIO

305-940-0003

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-5-02

Date

Daytime Phone #

CR2E037 (9/01)