

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 26, 2004 8:00 am**  
**Secretary of State**

03-26-2004 90017 018 \*\*\*150.00

**DOCUMENT # 217297**  
 1. Entity Name  
**TROPICANA GARDENS, INC.**



Principal Place of Business      Mailing Address  
**4001 SO. OCEAN BLVD.**      **4001 SO. OCEAN BLVD.**  
**PALM BEACH FL 33480**      **PALM BEACH FL 33480**

04044303



MOORE CR2E034 (11/03)

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 **59-1163175**      Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**

**ASSOCIATED PROPERTY MANAGEMENT**  
**1928 LAKE WORTH ROAD**  
**LAKE WORTH FL 33461**

**7. Name and Address of New Registered Agent**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GASTON, JAY <input checked="" type="checkbox"/> Delete 4001 SO. OCEAN BLVD. PALM BEACH FL 33480
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SOLOW, MARTHA <input type="checkbox"/> Delete 4001 SO. OCEAN BLVD. #201 PALM BEACH FL 33480
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD DESIMONE, JOE <input checked="" type="checkbox"/> Delete 4001 S. OCEAN BLVD #108 PALM BEACH FL 33480
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CAPT, MARIA <input checked="" type="checkbox"/> Delete 4001 S OCEAN BLVD #206 SO PALM BEACH FL 33480
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WEEDEN, TOM <input checked="" type="checkbox"/> Delete 4001 S OCEAN BLVD, STE 318 PALM BEACH FL 33480
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LUOTO, LASSE <input checked="" type="checkbox"/> Delete 4001 S OCEAN BLVD, STE 111 SO PALM BEACH FL 33480

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ZONA, DIANE H. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 4001 SOUTH OCEAN BLVD. #107 SO. PALM BEACH, FL 33480
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD THOMAS, ROBERT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 777 KINGSTON DR. EDGEWOOD, NY 41017
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CAMPBELL, GEORGE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 4001 SOUTH OCEAN BLVD. #304 SO PALM BEACH, FL 33480
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHUMACHER, JEANNE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 4001 SOUTH PALM BEACH #218 SO. PALM BEACH, FL 33480
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WEEDEN, TOM <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4001 SOUTH OCEAN BLVD. #318 SO. PALM BEACH, FL 33480

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 607, 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: *Diane H. Zona*      *Diane H. Zona* 3/23/04 561-585-5657  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #