


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 10, 2006 8:00 am**  
**Secretary of State**

03-10-2006 90005 007 \*\*\*\*61.25

<b>DOCUMENT # 768019</b> 1. Entity Name <b>THE TROPICANA CONDOMINIUM ASSOCIATION, INC.</b>	
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Principal Place of Business <b>15645 COLLINS AVE. 1ST FLOOR OFFICE MIAMI BCH FL 33160-4762</b>	Mailing Address <b>15645 COLLINS AVE. 1ST FLOOR OFFICE MIAMI BCH FL 33160-4762</b>
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2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E037 (10/05)

4. FEI Number <b>59-2348203</b>		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent <b>SAMET, DANIEL 15645 COLLINS AVE. #905 SUNNY ISLES BEACH FL 33160</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2006</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>SAMET, DANIEL</b> <b>15645 COLLINS AV #905</b> <b>SUNNY ISLES BEACH FL 33160</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>MESENHIMER, DENNIS</b> <b>15645 COLLINS AV. #501</b> <b>SUNNY ISLES BCH, FLA. 33160</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DBM</b> <b>DOYON, HUGUETTE</b> <b>15645 COLLINS AV #704</b> <b>SUNNY ISLES BCH FL 33160</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DBM</b> <b>GORDON, HAROLD</b> <b>15645 COLLINS AV. #304</b> <b>SUNNY ISLES, FLA. 33160</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ST</b> <b>RICCIO, GAY</b> <b>15646 COLLINS AVENUE, #903</b> <b>MIAMI BEACH FL</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DBM</b> <b>KAPLAN, JANET</b> <b>15645 COLLINS AVE 506</b> <b>SUNNY ISLES BEACH FL 33160</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>GRAY, LUTHER T</b> <b>15645 COLLINS AVE. #303</b> <b>SUNNY ISLES BCH FL 33160</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DBM</b> <b>GRAY, LUTHER T.</b> <b>15645 COLLINS AV. #303</b> <b>SUNNY ISLES BCH, FLA 33160</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DBM</b> <b>LIOTTI, JEAN</b> <b>15645 COLLINS AVE #405</b> <b>SUNNY ISLES BCH FL 33160</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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, Sec-Treasurer 22806 305 940-0093*