2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 08, 2007 8:00 am
Secretary of State
02-08-2007 90053 048 ****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 BCH FL 33160-4762	15645 COLLINS AVE. 1ST FLOOR OFFICE MIAMI BCH FL 33160-4762

1st MOORE CR2E037 (10/06)

2. Principal Place of Business - No P.O. Box #	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
SAMET, DANIEL 15645 COLLINS AVE #905 SUNNY ISLES 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Gay Riccio, Secretary 1-30-07
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
Due By May 1, 2007

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

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P SAMET, DANIEL 15645 COLLINS AV #905 SUNNY ISLES BEACH FL 33160	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DBM SAMET, DANIEL 15645 COLLINS AV. #905 SUNNY ISLES BCH, FLA. 33160	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DBM GORDON, HAROLD 15645 COLLENS AVE 304 NORTH MIAMI BEACH FL 33160	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP GORDON, HAROLD 15645 COLLINS AV. #304 SUNNY ISLES BCH, FLA. 33160	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST RICCIO, GAY 15646 COLLINS AVENUE, #903 MIAMI BEACH FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S RICCIO, GAY 15645 COLLINS AV. #903 SUNNY ISLES BCH, FLA 33166	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DBM KAPLAN, JANET 15645 COLLINS AVE 506 SUNNY ISLES BEACH FL 33160	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DBM KAPLAN, JANET 15645 COLLINS AV. #506 SUNNY ISLES BCH, FLA.	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DBM GRAY, LUTHER T 15645 COLLINS AVE. #303 SUNNY ISLES BCH FL 33160	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T MESENHIMER, DENNIS 15645 COLLINS AV. #501 SUNNY ISLES BCH, FLA.	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP MESENHIMER, DENNIS 15645 COLLINS AVE 501 NORTH MIAMI BEACH FL 33160	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P WILLIAMS, MICHAEL 15645 COLLINS AV. #501 SUNNY ISLES BCH, FLA. 33160	☐ Change ☒ 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 Riccio, Secretary 1-30-07 305-940-0003
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #