


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008 8:00 am
Secretary of State

04-28-2008 90338 019 ***150.00

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



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

Mailing Address
**4001 SO. OCEAN BLVD.
 PALM BEACH, FL 33480**

40084100



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

02202008 Chg-P CR2E034 (12/06)

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD POPLE, ROBERT 4001 S. OCEAN BLVD #313 SOUTH PALM BEACH, FL 33480	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BRANDT, RICHARD 4 BRANDT LANE WORCESTER, MA 01604	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BAIN, IRENE 71 MARY ST BARRE ONT CANADA, 14n 112	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD LONG, JAMES 4001 S OCEAN BLVD #113 SOUTH PALM BEACH, FL 33480	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BEUTEL, PEG 1767 BROADRIPPLE DR CLARKSVILLE, TN 370424620	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SOLOW, MARTHA 4001 S OCEAN BLVD #201 PALM BEACH, FL 33480	<input checked="" type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BEUTEL, PEGGY 4001 SO. OCEAN BLVD #314 SO. PALM BEACH, FL 33480	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD FRITZ, JUTIA 4001 SO. OCEAN BLVD #216 SO. PALM BEACH, FL 33480	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD PATERSON, ABBIE 4001 SO. OCEAN BLVD #213 SO. PALM BEACH, FL 33480	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D POPLE, ROBERT 4001 SO. OCEAN BLVD #313 SO. PALM BEACH, FL 33480	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DESIMONE, JOSEPH 4001 SO. OCEAN BLVD #319 SO. PALM BEACH, FL 33480	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BEUTEL, AL 4001 SO. OCEAN BLVD #108 SO. PALM BEACH, FL 33480	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 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:  CFO
 DATE: 4/22/08
 DEBITOR PHONE: 561-582-2719