2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 22, 2011
Secretary of State

DOCUMENT# 768019

Entity Name: THE TROPICANA CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

15645 COLLINS AVE.
1ST FLOOR OFFICE
SUNNY ISLES BEACH, FL 331604762

New Principal Place of Business:

Current Mailing Address:

15645 COLLINS AVE.
1ST FLOOR OFFICE
SUNNY ISLES BEACH, FL 331604762

New Mailing Address:

FEI Number: 59-2348203 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

RICCIO, GAY R
15645 COLLINS AVE
#903
SUNNY ISLES BEACH, FL 33160 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: DBM
Name: OLIVER, FANG
Address: 15645 COLLINS AV #503
City-St-Zip: SUNNY ISLES BEACH, FL 33160

Title: VP
Name: GORDON, HAROLD
Address: 15645 COLLINS AVE # 304
City-St-Zip: SUNNY ISLES BEACH, FL 33160

Title: ST
Name: RICCIO, GAY R
Address: 15646 COLLINS AVENUE, #903
City-St-Zip: SUNNY ISLES BEACH, FL 33160

Title: DBM
Name: KAPLAN, JANET
Address: 15645 COLLINS AVE #506
City-St-Zip: SUNNY ISLES BEACH, FL 33160

Title: P
Name: NICKLAS, GREG
Address: 15645 COLLINS AV #205
City-St-Zip: SUNNY ISLES BCH, FL 33160

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: GAY R. RICCIO ST 02/22/2011

Electronic Signature of Signing Officer or Director — Date