

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 217297

FILED  
Feb 28, 2012  
Secretary of State

**Entity Name:** TROPICANA GARDENS, INC.

**Current Principal Place of Business:**

4001 SO. OCEAN BLVD.  
SO. PALM BEACH, FL 33480

**New Principal Place of Business:**

**Current Mailing Address:**

C/O ASSOCIATED PROPERTY MGMT.  
1928 LAKE WORTH RD  
LAKE WORTH, FL 33461

**New Mailing Address:**

**FEI Number:** 59-1163175      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ASSOCIATED PROPERTY MGMT  
1928 LAKE WORTH RD  
LAKE WORTH, FL 33461      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: PT  
Name: BEUTEL, PEGGY  
Address: 4001 S OCEAN BLVD, SUITE #314  
City-St-Zip: SO. PALM BEACH, FL 33480

Title: D  
Name: TUTORA, JEAN  
Address: 4001 S OCEAN BLVD, SUITE #221  
City-St-Zip: SO. PALM BEACH, FL 33480

Title: S  
Name: BAIN, IRENE  
Address: 71 MARY ST  
City-St-Zip: BARRIE, ONT., CN L4N 1T2

Title: D  
Name: BEUTEL, ALBERT  
Address: 4001 SO. OCEAN BLVD. #108  
City-St-Zip: SO. PALM BEACH, FL 33480

Title: VP  
Name: WEEDEN, THOMAS  
Address: 4001 S OCEAN BLVD, SUITE #318  
City-St-Zip: SO PALM BEACH, FL 33480

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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: BRIAN MCENTEE

APM

02/28/2012

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date