

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 768019

FILED  
Mar 22, 2012  
Secretary of State

**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:**

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

**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 US

Title: VP  
Name: NICKLAS, GREG  
Address: 15645 COLLINS AVE # 205  
City-St-Zip: SUNNY ISLES BEACH, FL 33160 US

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

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

Title: P  
Name: GORDON, HAROLD  
Address: 15645 COLLINS AV #304  
City-St-Zip: SUNNY ISLES BCH, FL 33160 US

Title: DBM  
Name: FOLEY, DANIEL  
Address: 15645 COLLINS AVENUE  
City-St-Zip: SUNNY ISLES BEACH, FL 33160 US

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

03/22/2012

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

\_\_\_\_\_  
Date