

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 24, 2003 8:00 am
Secretary of State

03-24-2003 90659 020 ****61.25

DOCUMENT # 768019

1. Entity Name

THE TROPICANA CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

**15645 COLLINS AVE.
1ST FLOOR OFFICE
MIAMI FL 33160-4762**

Mailing Address

**15645 COLLINS AVE.
1ST FLOOR OFFICE
MIAMI FL 33160-4762**

2. Principal Place of Business

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

**GRAY, LUTHER T
15645 COLLINS AVE
#304
MIAMI 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

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

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	P	<input type="checkbox"/> Delete
NAME	GRAY, LUTHER T	
STREET ADDRESS	15645 COLLINS AV 303	
CITY-ST-ZIP	MIAMI BCH. FL 33160	
TITLE	DBM	<input type="checkbox"/> Delete
NAME	ALLAN, ARTHUR	
STREET ADDRESS	15645 COLLINS AVE #802	
CITY-ST-ZIP	MIAMI BEACH FL 33160	
TITLE	ST	<input type="checkbox"/> Delete
NAME	RICCIO, GAY	
STREET ADDRESS	15646 COLLINS AVENUE, #903	
CITY-ST-ZIP	MIAMI BEACH FL 33160	
TITLE	VP	<input type="checkbox"/> Delete
NAME	KAPLAN, JANET	
STREET ADDRESS	15645 COLLINS AVE 506	
CITY-ST-ZIP	MIAMI BEACH FL 33160	
TITLE	D	<input type="checkbox"/> Delete
NAME	NARDUCCI, LOUIS	
STREET ADDRESS	15645 COLLINS AVE. #303	
CITY-ST-ZIP	MIAMI FL 33160-4762	
TITLE	DBM	<input type="checkbox"/> Delete
NAME	LIOTTI, JEAN	
STREET ADDRESS	15645 COLLINS AVE #405	
CITY-ST-ZIP	MIAMI BEACH FL 33160	

TITLE	SAN DBM	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SAMET, DANIEL	
STREET ADDRESS	15645 COLLINS AV. #805	
CITY-ST-ZIP	MIAMI BCH, FL 33160	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DBM	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NARDUCCI, LOUIS	
STREET ADDRESS	15645 COLLINS AV. #403	
CITY-ST-ZIP	MIAMI BCH, FL 33160-4762	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, Treasurer

3-20-03 305-940-0003

CR2E037 (10/02)