

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 04, 2003 8:00 am**  
**Secretary of State**

04-04-2003 90074 038 \*\*\*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**

**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** **59-1163175**

Applied For

Not Applicable

**5. Certificate of Status Desired** ☐

**\$8.75 Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES



**6. Name and Address of Current Registered Agent**

**ASSOCIATED PROPERTY MANAGEMENT**  
**400 SOUTH DIXIE HIGHWAY**  
**SUITE #10**  
**LAKE WORTH FL 33460**

**7. Name and Address of New Registered Agent**

Name **ASSOCIATED PROPERTY MANAGEMENT**  
Street Address (P.O. Box Number is Not Acceptable)  
**1928 LAKE WORTH ROAD**  
City **LAKE WORTH** FL **33461**

**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

**3/20/03**

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

**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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | P<br>GASTON, JAY<br>4001 SO. OCEAN BLVD.<br>PALM BEACH FL 33480               | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | S<br>MCKENNA, MARIANNE<br>4001 SO. OCEAN BLVD, STE 201<br>PALM BEACH FL 33480 | <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | TD<br>DESIMONE, JOE<br>4001 S. OCEAN BLVD #108<br>PALM BEACH FL 33480         | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>CAPT, MARIA<br>4001 S OCEAN BLVD #206<br>SO PALM BEACH FL 33480          | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VD<br>WEEDEN, TOM<br>4001 S OCEAN BLVD, STE 318<br>PALM BEACH FL 33480        | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>LUOTO, LASSE<br>4001 S OCEAN BLVD, STE 111<br>SO PALM BEACH FL 33480     | <input type="checkbox"/> Delete            |

|  |  |  |
|--|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | SD<br>SOLOW, MARTHA<br>4001 SO. OCEAN BLVD. #201<br>SO. PALM BEACH, FL 33480     | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>SCHUMACHER, JEANNE<br>4001 SO. OCEAN BLVD. #218<br>SO. PALM BEACH, FL 33480 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |

**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 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:**

*Jay W. Gaston* (Jay W. Gaston) President

**3/17/03 561-533-7198**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)