

2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 768019

Entity Name: THE TROPICANA CONDOMINIUM ASSOCIATION, INC.**Current Principal Place of Business:**15645 COLLINS AVE.
1ST FLOOR OFFICE
SUNNY ISLES BEACH, FL 33160-4762**Current Mailing Address:**15645 COLLINS AVE.
1ST FLOOR OFFICE
SUNNY ISLES BEACH, FL 33160-4762 US**FEI Number:** 59-2348203**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**EISINGER BROWN LEWIS FRANKEL & CHAIET, PA
4000 HOLLYWOOD BLVD - SUITE 265-S
HOLLYWOOD, FL 33021 US*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**Officer/Director Detail :**

Title	TREASURER
Name	KENNEDY, D SHAWN
Address	15645 COLLINS AVE. 1ST FLOOR OFFICE
City-State-Zip:	SUNNY ISLES BEACH FL 33160-4762

Title	VP
Name	DROSSNER, STUART
Address	15645 COLLINS AVE. 1ST FLOOR OFFICE
City-State-Zip:	SUNNY ISLES BEACH FL 33160-4762

Title	SECRETARY
Name	MERALI, KARIM
Address	15645 COLLINS AVE. 1ST FLOOR OFFICE
City-State-Zip:	SUNNY ISLES BEACH FL 33160-4762

Title	PRESIDENT
Name	PIZZUTO, PAOLO
Address	15645 COLLINS AVE. 1ST FLOOR OFFICE
City-State-Zip:	SUNNY ISLES BEACH FL 33160-4762

Title	DIRECTOR
Name	LICHTENSTEIN, ERIC
Address	15645 COLLINS AVE.
City-State-Zip:	SUNNY ISLES BEACH FL 33160-4762

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: PAOLO PIZZUTO**PRESIDENT****04/25/2023**_____
Electronic Signature of Signing Officer/Director Detail_____
Date