

**2019 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            PRESIDENT  
Name            SAMET, DANIEL  
Address        15645 COLLINS AVE.  
                  1ST FLOOR OFFICE  
City-State-Zip: SUNNY ISLES BEACH FL 33160-4762

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

Title            DIRECTOR  
Name            FILGUEIRA, GERMAN  
Address        15645 COLLINS AVE.  
                  1ST FLOOR OFFICE  
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: DANIEL SAMET**

**PRESIDENT**

**01/31/2019**

Electronic Signature of Signing Officer/Director Detail

Date