

**2014 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 VP  
Name BLAIR, JAMES  
Address 15645 COLLINS AVE # 205  
City-State-Zip: SUNNY ISLES BEACH FL 33160

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

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

Title DBM  
Name SAMET, DANIEL  
Address 15645 COLLINS AVE/  
905  
City-State-Zip: SUNNY ISLES BEACH FL 33160

Title DBM  
Name NICKLAS, GREG  
Address 15645 COLLINS AVENUE  
205  
City-State-Zip: SUNNY ISLES BEACH FL 33160

*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

**SEC.-TREASURER**

**03/18/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date