2013 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

Name and Address of Current Registered Agent:

EISINGER BROWN LEWIS FRANKEL & CHAIET, PA 4000 HOLLYWOOD BLVD - SUITE 265-S HOLLYWOOD, FL 33021 US Certificate of Status Desired: No

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

Officer/Director Detail :

Title	DBM	Title	VP
Name	OLIVER, FANG	Name	BLAIR, JAMES
Address	15645 COLLINS AV #503	Address	15645 COLLINS AVE # 205
City-State-Zip:	SUNNY ISLES BEACH FL 33160	City-State-Zip:	SUNNY ISLES BEACH FL 33160
Title	ST	Title	DBM
Name	RICCIO, GAY R	Name	KAPLAN, JANET
Address	15646 COLLINS AVENUE, #903	Address	15645 COLLINS AVE #506
City-State-Zip:	SUNNY ISLES BEACH FL 33160	City-State-Zip:	SUNNY ISLES BEACH FL 33160
Title	Ρ	Title	DBM
Title Name	P GORDON, HAROLD	Title Name	DBM SAMET, DANIEL
			SAMET, DANIEL 15645 COLLINS AVE/
Name	GORDON, HAROLD 15645 COLLINS AV #304	Name	SAMET, DANIEL 15645 COLLINS AVE/ 905
Name Address	GORDON, HAROLD 15645 COLLINS AV #304	Name Address	SAMET, DANIEL 15645 COLLINS AVE/ 905
Name Address City-State-Zip:	GORDON, HAROLD 15645 COLLINS AV #304 SUNNY ISLES BCH FL 33160	Name Address	SAMET, DANIEL 15645 COLLINS AVE/ 905
Name Address City-State-Zip: Title	GORDON, HAROLD 15645 COLLINS AV #304 SUNNY ISLES BCH FL 33160 DBM	Name Address	SAMET, DANIEL 15645 COLLINS AVE/ 905

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

ST

02/07/2013 Date

Date

Electronic Signature of Signing Officer/Director Detail