

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N93000000311

**Entity Name:** THE TROPICAL RESORT CONDOMINIUM, INC.**Current Principal Place of Business:**6865 BAY DRIVE  
MIAMI BEACH, FL 33141**Current Mailing Address:**333 W 41ST STREET  
SUITE 614  
MIAMI BEACH, FL 33140 US**FEI Number:** 65-0580076**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SOBE MANAGEMENT C/O PHILIPPE LAMERY, C/O AGATA GOGOLEWSKA  
333 W 41ST STREET  
SUITE 614  
MIAMI BEACH, FL 33140 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:** AGATA GOGOLEWSKA

01/06/2023

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title           TREASURER  
Name           ROMANO, COURTNEY S  
Address       333 W 41ST STREET  
                  SUITE 614  
City-State-Zip: MIAMI BEACH FL 33140

Title           PRESIDENT  
Name           GALEA, SALVATORE  
Address       333 W 41ST STREET  
                  SUITE 614  
City-State-Zip: MIAMI BEACH FL 33140

Title           CAM, PROPERTY MANAGER  
Name           SOBE MANAGEMENT C/O PHILIPPE  
                  LAMERY, C/O AGATA GOGOLEWSKA  
Address       333 W 41ST STREET  
                  SUITE 614  
City-State-Zip: MIAMI BEACH FL 33140

Title           VP  
Name           FONTENELLE, THAIS  
Address       333 WEST 41ST STREET  
                  SUITE 614  
City-State-Zip: MIAMI BEACH FL 33140

Title           DIRECTOR  
Name           MOOKERJEE, SHIBANI  
Address       333 WEST 41ST STREET  
                  SUITE 614  
City-State-Zip: MIAMI BEACH FL 33140

Title           SECRETARY  
Name           RESTREPO, SABRINA  
Address       333 WEST 41ST STREET  
                  SUITE 614  
City-State-Zip: MIAMI BEACH FL 33140

*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:** AGATA GOGOLEWSKA

PROPERTY MANAGER

01/06/2023

Electronic Signature of Signing Officer/Director Detail

Date