

**2021 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  
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:** PHILIPPE LAMERY

04/22/2021

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

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

Title            VP  
Name            MILLIS, AARON  
Address        333 W 41ST STREET  
                 SUITE 614  
City-State-Zip: MIAMI BEACH FL 33140

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

Title            CAM  
Name            LAMERY, PHILIPPE  
Address        333 W 41ST STREET  
                 SUITE 614  
City-State-Zip: MIAMI BEACH FL 33140

Title            DIRECTOR  
Name            ELLIS, JEREMY  
Address        333 W 41 STREET  
                 SUITE 614  
City-State-Zip: MIAMI BEACH FL 33140

Title            SECRETARY  
Name            MENOCA, EMILIA  
Address        333 W 41 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:** PHILIPPE LAMERY

CAM

04/22/2021

Electronic Signature of Signing Officer/Director Detail

Date