

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 MENOCAL, 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