

2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 217297

Entity Name: TROPICANA GARDENS, INC.**Current Principal Place of Business:**C/O ASSOCIATED PROPERTY MGMT.
1928 LAKE WORTH RD
MARGATE, FL 33063**Current Mailing Address:**C/O ASSOCIATED PROPERTY MGMT.
1928 LAKE WORTH RD
LAKE WORTH, FL 33461**FEI Number:** 59-1163175**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**KATZMAN GARFINKEL & BERGER
5297 WEST COPANS RD
MARGATE, FL 33063 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:** DONNA DIMAGGIO BERGER, ESQ.

04/15/2014

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name BEUTEL, MARGARET
Address 4001 S OCEAN BLVD, SUITE #314
City-State-Zip: SO. PALM BEACH FL 33480

Title TREASURER, SECRETARY
Name BAIN, IRENE
Address 4001 S OCEAN BLVD, SUITE #315
City-State-Zip: SO. PALM BEACH FL 33480

Title DIRECTOR
Name BEUTEL, ALBERT
Address 4001 SO. OCEAN BLVD. #108
City-State-Zip: SO. PALM BEACH FL 33480

Title VP, ASST. SECRETARY
Name WEEDEN, THOMAS
Address 4001 S OCEAN BLVD, SUITE #318
City-State-Zip: SO PALM BEACH FL 33480

Title DIRECTOR
Name BELIAEV, AULI
Address 4212 LANDAR DRIVE
 APT 214
City-State-Zip: LAKE WORTH FL 33463

Title DIRECTOR
Name TUTORA, JEAN
Address 4001 S OCEAN BLVD, SUITE #221
City-State-Zip: SO. PALM BEACH FL 33480

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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: BEUTEL, MARGARET

PRESIDENT

04/15/2014

Electronic Signature of Signing Officer/Director Detail

Date