2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 217297

Entity Name: TROPICANA GARDENS, INC.

Current Principal Place of Business:

C/O ASSOCIATED PROPERTY MGMT. 8135 LAKE WORTH RD. SUITE B LAKE WORTH, FL 33467

Current Mailing Address:

C/O ASSOCIATED PROPERTY MGMT. 8135 LAKE WORTH RD SUITE B LAKE WORTH, FL 33467 US

FEI Number: 59-1163175 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BECKER & POLIAKOFF 625 N. FLAGLER DRIVE 7TH FLOOR WEST PALM BEACH, FL 33401 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 BERGER 01/24/2017

Electronic Signature of Registered Agent Date

Officer/Director Detail:

 Title
 SECRETARY, TREASURER
 Title
 DIRECTOR

 Name
 BEUTEL, MARGARET
 Name
 BAIN, IRENE

Address C/O ASSOCIATED PROPERTY MGMT. Address C/O ASSOCIATED PROPERTY MGMT.

8135 LAKE WORTH RD SUITE B 8135 LAKE WORTH RD SUITE B

City-State-Zip: LAKE WORTH FL 33467 City-State-Zip: LAKE WORTH FL 33467

Title PRESIDENT Title VP

Name DAWSON, KAREN Name WEEDEN, THOMAS

Address C/O ASSOCIATED PROPERTY MGMT. Address C/O ASSOCIATED PROPERTY MGMT.

8135 LAKE WORTH RD SUITE B 8135 LAKE WORTH RD SUITE B

City-State-Zip: LAKE WORTH FL 33467 City-State-Zip: LAKE WORTH FL 33467

Title DIRECTOR

Name SOLLARS, CRAIG

Address C/O ASSOCIATED PROPERTY MGMT.

8135 LAKE WORTH RD SUITE B

City-State-Zip: LAKE WORTH FL 33467

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: KAREN DAWSON PRESIDENT 01/24/2017

FILED Jan 24, 2017

Secretary of State

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