2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 217297

Entity Name: TROPICANA GARDENS, INC.

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Current Principal Place of Business:

TROPICANA GARDENS C/O GRS MGMT 3900 WOODLAKE BLVD SUITE 309

LAKE WORTH, FL 33463

Current Mailing Address:

TROPICANA GARDENS C/O GRS MGMT 3900 WOODLAKE BLVD SUITE 309 LAKE WORTH, FL 33463 US

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

Name and Address of Current Registered Agent:

BECKER AND POLIAKOFF 1 EAST BROWARD BLVD

SUITE 1800

FT; LAUDERDAL, FL 33301 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 06/08/2020

Electronic Signature of Registered Agent Date

Officer/Director Detail:

Title PRESIDENT Title SECRETARY
Name WHITE, MARY Name BAIN, IRENE

Address TROPICANA GARDENS C/O GRS Address TROPICANA GARDENS C/O GRS

MGMT MGMT

3900 WOODLAKE BLVD SUITE 309 3900 WOODLAKE BLVD SUITE 309

City-State-Zip: LAKE WORTH FL 33463 City-State-Zip: LAKE WORTH FL 33463

Title VP Title TREASURE

Name PICKFORD, JOAN Name BEUTEL, AL

Address TROPICANA GARDENS C/O GRS Address TROPICANA GARDENS C/O GRS

MGMT MGMT

3900 WOODLAKE BLVD SUITE 309 3900 WOODLAKE BLVD SUITE 309

City-State-Zip: LAKE WORTH FL 33463 City-State-Zip: LAKE WORTH FL 33463

Title TREASURER
Name ROSEN, DAVID

Address TROPICANA GARDENS C/O GRS

MGMT

3900 WOODLAKE BLVD SUITE 309

City-State-Zip: LAKE WORTH FL 33463

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: MARY WHITE PRESIDENT 06/08/2020

FILED Jun 08, 2020

Secretary of State

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