### 2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 217297

Entity Name: TROPICANA GARDENS, INC.

### **Current Principal Place of Business:**

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

## **Current Mailing Address:**

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

## FEI Number: 59-1163175

### Name and Address of Current Registered Agent:

ASSOCIATED PROPERTY MANAGEMENT 8135 LAKE WORTH RD, SUITE B LAKE WORTH , FL 33467 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	ASSOCIATED PROPERTY			03/16/2018
	Electronic Signature of Registered Agent			Date
Officer/Director Detail :				
Title	PRESIDENT	Title	SECRETARY	
Name	DAWSON, KAREN	Name	PATTERSON, ABBIE	
Address	8135 LAKE WORTH RD, SUITE B	Address	8135 LAKE WORTH RD, SUITE B	
City-State-Zip:	LAKE WORTH FL 33467	City-State-Zip:	LAKE WORTH FL 33467	
Title	TREASURER	Title	DIRECTOR	
Name	MILLER, DEBBIE	Name	SCHUMAKER, JEANNE	
Address	8135 LAKE WORTH RD, SUITE B	Address	8135 LAKE WORTH RD, SUITE B	
City-State-Zip:	LAKE WORTH FL 33467	City-State-Zip:	LAKE WORTH FL 33467	
Title	DIRECTOR			
Name	DOMINICK, PIPITONE			
Address	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

03/16/2018

Electronic Signature of Signing Officer/Director Detail

# FILED Mar 16, 2018 Secretary of State CC8384195788

Certificate of Status Desired: No

Date