

2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 217297

FILED
Mar 16, 2018
Secretary of State
CC8384195788

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

Certificate of Status Desired: No

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
Name DAWSON, KAREN
Address 8135 LAKE WORTH RD,
 SUITE B
City-State-Zip: LAKE WORTH FL 33467

Title SECRETARY
Name PATTERSON, ABBIE
Address 8135 LAKE WORTH RD,
 SUITE B
City-State-Zip: LAKE WORTH FL 33467

Title TREASURER
Name MILLER, DEBBIE
Address 8135 LAKE WORTH RD,
 SUITE B
City-State-Zip: LAKE WORTH FL 33467

Title DIRECTOR
Name SCHUMAKER, JEANNE
Address 8135 LAKE WORTH RD,
 SUITE B
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

Date