

FILE NOW: FILING FEE IS \$61.25

REC'D F E I

FILED

Mar 07 1997 8:00am
Secretary of State



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

NONPROFIT
CORPORATION
ANNUAL REPORT
1997

DOCUMENT # 217297
1. Corporation Name
Tropicana Gardens, Inc.

Principal Place of Business Mailing Address

2. Principal Place of Business 2a. Mailing Address
21 Assoc. Prop. Mgmt. 26 Assoc. Prop. Mgmt.
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 400 S. Dixie Hwy, #10 27 400 S. Dixie Hwy, #10
City & State City & State
23 L.W., FL 28 L.W., FL
Zip Country Zip Country
24 33460 25 USA 29 33460 30 USA

3. Date Incorporated or Qualified 3a. Date of Last Report
11/26/1958 05/01/96
4. FEI Number Applied For
59-1163175 Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required
6. Election Campaign Financing ☐ \$5.00 May Be
Trust Fund Contribution Added to Fees
7. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code
Associated Property Management
400 South Dixie Highway, #10
Lake Worth, FL 33460

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS
TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
P/O
Nimrod, John
4001 S. Ocean Blvd, #200
SPB, FL
TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP/O
Bradley, Kathleen
4001 S. Ocean Blvd, #205
SPB, FL
TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
Lander, Ita
4001 S. Ocean Blvd, #307
SPB, FL
TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP/O
BRANDT, Richard
4001 S. Ocean Blvd, #
SPB, FL
TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
Malin, MaryAnn
4001 S. Ocean Blvd, #403
SPB, FL
TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
McKenna, Marianna
4001 S. Ocean Blvd, #201
SPB, FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP
5000021069415
-03/07/97--01005--003
***61.25
3-7-97
9/O
Metherell, Cary
4001 S. Ocean Blvd,
SPB, FL

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Cary Metherell, Sec'y
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb. 21, 1997 582-7862
Date Daytime Phone #

CR2E037 (9/96)