

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 26, 2002 8:00 am
Secretary of State
 03-26-2002 90003 013 ***150.00

0400635
 AV

DOCUMENT # 217297

1. Entity Name

TROPICANA GARDENS, INC.

Principal Place of Business

**4001 SO. OCEAN BLVD.
 PALM BEACH FL 33480**

Mailing Address

**4001 SO. OCEAN BLVD.
 PALM BEACH FL 33480**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1163175

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

**ASSOCIATED PROPERTY MANAGEMENT
 400 SOUTH DIXIE HIGHWAY
 SUITE #10
 LAKE WORTH FL 33460**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so. ☐
 (See criteria on back)

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2002 Fee will be \$550.00
 Make Check Payable to Department of State**

10. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	P	☐ Delete
NAME	GASTON, JAY	
STREET ADDRESS	4001 SO. OCEAN BLVD.	
CITY-ST-ZIP	PALM BEACH FL 33480	
TITLE	S	☐ Delete
NAME	MCKENNA, MARIANNE	
STREET ADDRESS	4001 SO. OCEAN BLVD, STE 201	
CITY-ST-ZIP	PALM BEACH FL 33480	
TITLE	D	☒ Delete
NAME	BRADLEY, KATHLEEN	
STREET ADDRESS	4001 SO. OCEAN BLVD, STE 205	
CITY-ST-ZIP	PALM BEACH FL 33480	
TITLE	D	☒ Delete
NAME	KONDRACKI, MARK	
STREET ADDRESS	4001 S OCEAN BLVD, STE 307	
CITY-ST-ZIP	SO PALM BEACH FL 33480	
TITLE	VD	☐ Delete
NAME	WEEDEN, TOM	
STREET ADDRESS	4001 S OCEAN BLVD, STE 318	
CITY-ST-ZIP	PALM BEACH FL 33480	
TITLE	D	☐ Delete
NAME	LUOTO, LASSE	
STREET ADDRESS	4001 S OCEAN BLVD, STE 111	
CITY-ST-ZIP	SO PALM BEACH FL 33480	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	TD	☐ Change ☒ Addition
NAME	Desimone, Joe	
STREET ADDRESS	4001 S Ocean Blvd #102	
CITY-ST-ZIP	South Palm Beach, FL 33480	
TITLE	D	☐ Change ☒ Addition
NAME	Capt. Maria	
STREET ADDRESS	4001 Ocean Blvd #206	
CITY-ST-ZIP	South Palm Beach, FL 33480	
TITLE	D	☐ Change ☒ Addition
NAME	Pickford, Joan	
STREET ADDRESS	4001 S. Ocean Blvd #201	
CITY-ST-ZIP	South Palm Beach, FL 33480	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. I 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 report or supplemental 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Jay W. Gaston
JAY W. GASTON
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/9/02 561-533-7198
 Date Daytime Phone #

CR2E034 (9/01)