


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 26, 2004 8:00 am
Secretary of State

03-26-2004 90017 018 ***150.00

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
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04044303



MOORE CR2E034 (11/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number 59-1163175	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent ASSOCIATED PROPERTY MANAGEMENT 1928 LAKE WORTH ROAD LAKE WORTH FL 33461

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) **DATE** _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE P NAME GASTON, JAY STREET ADDRESS 4001 SO. OCEAN BLVD. CITY-ST-ZIP PALM BEACH FL 33480	<input checked="" type="checkbox"/> Delete
TITLE SD NAME SOLOW, MARTHA STREET ADDRESS 4001 SO. OCEAN BLVD. #201 CITY-ST-ZIP PALM BEACH FL 33480	<input type="checkbox"/> Delete
TITLE TD NAME DESIMONE, JOE STREET ADDRESS 4001 S. OCEAN BLVD #108 CITY-ST-ZIP PALM BEACH FL 33480	<input checked="" type="checkbox"/> Delete
TITLE D NAME CAPT, MARIA STREET ADDRESS 4001 S OCEAN BLVD #206 CITY-ST-ZIP SO PALM BEACH FL 33480	<input checked="" type="checkbox"/> Delete
TITLE VD NAME WEEDEN, TOM STREET ADDRESS 4001 S OCEAN BLVD, STE 318 CITY-ST-ZIP PALM BEACH FL 33480	<input checked="" type="checkbox"/> Delete
TITLE D NAME LUOTO, LASSE STREET ADDRESS 4001 S OCEAN BLVD, STE 111 CITY-ST-ZIP SO PALM BEACH FL 33480	<input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Diane H. Zona* *Diane H. Zona* 3/23/04 561-585-5857
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #