2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2005 8:00 am
Secretary of State
03-29-2005 90018 039 ***150.00

DOCUMENT # 217297

1. Entity Name
TROPICANA GARDENS, INC.

Principal Place of Business	Mailing Address
4001 SO. OCEAN BLVD. PALM BEACH, FL 33480	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

03142005 Chg-P CR2E034 (10/03)

4. FEI Number 59-1163175 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ASSOCIATED PROPERTY MANAGEMENT 1928 LAKE WORTH ROAD LAKE WORTH, FL 33461	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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD SOLOW, MARTHA 4001 SO. OCEAN BLVD. #201 PALM BEACH, FL 33480	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD THOMAS, ROBERT 777 KINGSTON DR. EDGEWOOD, KY 41017	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD ZONA, DIANE H 4001 SOUTH OCEAN BLVD., #107 SOUTH PALM BEACH, FL 33480	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD CAMPBELL, GEORGE 4001 So. OCEAN Blvd. #115 So. PALM BEACH, FL 33480	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD THOMAS, ROBERT 777 KINGSTON DR. EDGEWOOD, NY 41017	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD BAIN IRENE 71 MARY ST., BARRE, ONT. CANADA L4N 1T2	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CAMPBELL, GEORGE 4001 SOUTH OCEAN BLVD., #304 SOUTH PALM BEACH, FL 33480	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD LONG, JAMES 4001 So. OCEAN Blvd. #113 So. PALM BEACH, FL 33480	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SCHUMACHER, JEANNE 4001 SOUTH PAL BEACH, #218 SO PALM BEACH, FL 33480	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BRANDT, RICHARD 4 BRANDT LN. WORCESTER, MA 01604	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SOLOW, MARTHA 4001 So. OCEAN Blvd. #201 So. PALM BEACH, FL 33480	☒ Change ☐ 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: _____ March 18/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

ATTACHMENT

#217297 — Tropicana Gardens, Inc.

Continued: 40041812

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BEUTEL, PEG
1767 BROADRIPPIE DR.
CLARKSVILLE, TN 37042