

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 29, 2006 8:00 am**  
**Secretary of State**

03-29-2006 90140 005 \*\*\*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**

**50007046**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03022006

Chg-P

CR2E034 (11/05)

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

**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

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, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD ☒ Delete  
NAME THOMAS, ROBERT  
STREET ADDRESS 777 KINGSTON DR  
CITY-ST-ZIP EDGEWOOD, KY 41017

TITLE VD ☒ Delete  
NAME CAMPBELL, GEORGE  
STREET ADDRESS 4001 S OCEAN BLVD #115  
CITY-ST-ZIP SOUTH PALM BEACH, FL 33480

TITLE SD ☐ Delete  
NAME BAIN, IRENE  
STREET ADDRESS 71 MARY ST BARRE ONT  
CITY-ST-ZIP CANADA, IN 46102

TITLE TD ☐ Delete  
NAME LONG, JAMES  
STREET ADDRESS 4001 S OCEAN BLVD #113  
CITY-ST-ZIP SOUTH PALM BEACH, FL 33480

TITLE D ☒ Delete  
NAME BRANDT, RICHARD  
STREET ADDRESS 4 BRANDT LN  
CITY-ST-ZIP WORCESTER, MA 01604

TITLE D ☐ Delete  
NAME SOLOW, MARTHA  
STREET ADDRESS 4001 S OCEAN BLVD #201  
CITY-ST-ZIP PALM BEACH, FL 33480

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Change ☒ Addition  
NAME GASTON, JAY  
STREET ADDRESS 97 SUPERIOR ST.  
CITY-ST-ZIP SD. HAVEN, MI 49090

TITLE VPD ☒ Change ☐ Addition  
NAME BRANDT, RICHARD  
STREET ADDRESS 4 BRANDT LANE  
CITY-ST-ZIP WORCESTER, MA 01604

TITLE D ☐ Change ☒ Addition  
NAME BENTLEY, PEG  
STREET ADDRESS 1767 BROADRIPPLE DR.  
CITY-ST-ZIP CLARKSVILLE, TN 37042-4620

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

*Jay W. Gaston - President*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*3/10/06*  
Date

Daytime Phone #