

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2007 8:00 am
Secretary of State

04-18-2007 90150 007 ***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				
2. Principal Place of Business - No P.O. Box #		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip	Country	Zip	Country	4. FEI Number 59-1163175			
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				
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)				
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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	PD GASTON, IAY 97 SUPERIOR ST SOUTH HAVEN, MI 49090	☒ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BRANDT, RICHARD 4 BRANDT LANE WORCESTER, MA 01604	☒ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD GRANDT, RICHARD 4 BRANDT LANE WORCESTER, MA 01604	☒ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BEUTEL, PEG 1767 BROADRIPPLE DR. CLARKSVILLE, TN 37042	☒ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BAIN, IRENE 71 MARY ST BARRE ONT CANADA, 14n 112	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PORLE, ROBERT 4001 SO. OCEAN BLVD. #313 50. PALM BEACH, FL 33480	☐ Change ☒ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD LONG, JAMES 4001 S OCEAN BLVD #113 SOUTH PALM BEACH, FL 33480	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DESIMONE, JOSEPH 4001 SO. OCEAN BLVD. #319 50. PALM BEACH, FL 33480	☐ Change ☒ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BEUTEL, PEG 1767 BROADRIPPLE DR CLARKSVILLE, TN 370424620	☒ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SOLOW, MARTHA 4001 S OCEAN BLVD #201 PALM BEACH, FL 33480	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
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: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR							
Date: <u>4/6/07</u> Daytime Phone #: <u>533-5822</u>							