2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 10, 2006 8:00 am
Secretary of State
03-10-2006 90005 007 ****61.25

DOCUMENT # 768019

1. Entity Name

THE TROPICANA CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
15645 COLLINS AVE. 1ST FLOOR OFFICE MIAMI BCH FL 33160-4762	15645 COLLINS AVE. 1ST FLOOR OFFICE MIAMI BCH FL 33160-4762

1st MOORE CR2E037 (10/05)

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 59-2348203 ☐ 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
SAMET, DANIEL 15645 COLLINS AVE. #905 SUNNY ISLES BEACH FL 33160	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 $61.25
Due By May 1, 2006

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

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P SAMET, DANIEL 15645 COLLINS AV #905 SUNNY ISLES BEACH FL 33160	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP MESENHIMER, DENNIS 15645 COLLINS AV. #501 SUNNY ISLES BCH, FLA. 33160	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DBM DOYON, HUGUETTE 15645 COLLINS AV #704 SUNNY ISLES BCH FL 33160	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DBM GORDON, HAROLD 15645 COLLINS AV. #304 SUNNY ISLES, FLA. 33160	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST RICCIO, GAY 15646 COLLINS AVENUE, #903 MIAMI BEACH FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DBM KAPLAN, JANET 15645 COLLINS AVE 506 SUNNY ISLES BEACH FL 33160	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V GRAY, LUTHER T 15645 COLLINS AVE. #303 SUNNY ISLES BCH FL 33160	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DBM GRAY, LUTHER T. 15645 COLLINS AV. # 303 SUNNY ISLES BCH, FLA 33160	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DBM LIOTTI, JEAN 15645 COLLINS AVE #405 SUNNY ISLES BCH FL 33160	☒ 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 Section 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 617, 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: Gay R. Riccio, Sec-Treasurer 22806 305-940-0093