
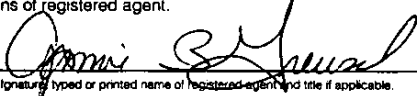
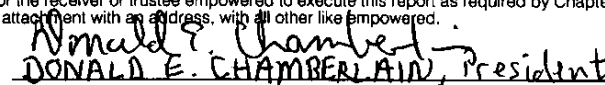


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2007 8:00 am
Secretary of State

04-20-2007 90086 026 ****61.25

DOCUMENT # N04000007908 1. Entity Name TROPICANA CLUB CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business WOODWARD, PIRES & LOMBARDO, P.A. 3200 TAMiami TRAIL NORTH, SUITE 200 NAPLES, FL 34103			Mailing Address WOODWARD, PIRES & LOMBARDO, P.A. 3200 TAMiami TRAIL NORTH, SUITE 200 NAPLES, FL 34103		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address Jamie Gruesel			
Suite, Apt. #, etc.		Suite, Apt. #, etc. 1104 N. Collier Blvd.			
City & State		City & State Marco Island, FL			
Zip	Country	Zip 34145	Country USA	4. FEI Number 20-1497523	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GREUSEL, JAMIE B 1104 N COLLIER BLVD MARCO ISLAND, FL 34145				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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.					
<div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> SIGNATURE  <small>Signature typed or printed name of registered agent and title if applicable.</small> </div> <div style="width: 30%;"> Jamie B Gruesel <small>(NOTE: Registered Agent signature required when reinstating)</small> </div> <div style="width: 20%;"> 4/17/07 <small>DATE</small> </div> </div>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> Make check payable to Florida Department of State </div> </div>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP CHAMBERLAIN, DONALD 951 S COLLIER BLVD, PH1 MARCO ISLAND, FL 34145 <div style="text-align: right;"><input type="checkbox"/> Delete</div>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS WILBUR, DONALD 63 LIBERTY ST MADISON, CT 06443 <div style="text-align: right;"><input type="checkbox"/> Delete</div>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVPT CRASSAERTS, ANDRE 1010 N DRURY LANE ARLINGTON HEIGHTS, IL 60004 <div style="text-align: right;"><input type="checkbox"/> Delete</div>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Delete</div>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Delete</div>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Delete</div>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>	
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 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:  DONALD E. CHAMBERLAIN, President <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<div style="display: flex; justify-content: space-between;"> <div> 1/11/2007 <small>Date</small> </div> <div> 239-389-1958 <small>Daytime Phone #</small> </div> </div>		