

**2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 161424

**Entity Name:** TROPICANA TERRACE, INC.

**Current Principal Place of Business:**

5666 SEMINOLE BLVD SUITE 103  
SEMINOLE, FL 33772

**Current Mailing Address:**

PO BOX 86507  
MADEIRA BEACH, FL 33738 US

**FEI Number:** 59-0649714

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CONDO MANAGEMENT PLUS  
5666 SEMINOLE BLVD SUITE 103  
SEMINOLE, FL 33772 US

*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.*

**SIGNATURE:** PHILLIP DVORAK

04/10/2023

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            GALLOWAY, CHRIS  
Address        PO BOX 86507  
City-State-Zip: MADEIRA BEACH FL 33738

Title            VP  
Name            CELLA, JANET  
Address        PO BOX 86507  
City-State-Zip: MADEIRA BEACH FL 33738

Title            DIRECTOR  
Name            OROZCO, JUAN CARLOS  
Address        PO BOX 86507  
City-State-Zip: MADEIRA BEACH FL 33738

Title            TREASURER  
Name            CORDELL, MARSHA  
Address        PO BOX 86507  
City-State-Zip: MADEIRA BEACH FL 33738

Title            SECRETARY  
Name            GRECO, FRANK  
Address        PO BOX 86507  
City-State-Zip: MADEIRA BEACH FL 33738

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** CHRIS GALLOWAY

PRESIDENT

04/10/2023

Electronic Signature of Signing Officer/Director Detail

Date