

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 31, 2001 8:00 am**  
**Secretary of State**

01-31-2001 90305 005 \*\*\*\*61.25

**DOCUMENT # 734698**

1. Entity Name

**TROPIC TERRACE CONDOMINIUM ASSOCIATION, UNIT 150**

Principal Place of Business

1500 TROPIC TERR  
 NORTH FT. MYERS FL 33903

Mailing Address

1500 TROPIC TERR  
 NORTH FT. MYERS FL 33903

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-1644046**

Applied For  
 Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

~~COTTER, RICHARD T., P.A.  
 6100 ESTERO BLVD  
 FT MYERS BEACH FL 33931~~

7. Name and Address of New Registered Agent

Name **LAMB, RICHARD**  
 Street Address (P.O. Box Number is Not Acceptable)  
**1504 TROPIC TERRACE**  
 City **N. FT. MYERS** FL Zip Code **33903**

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.

SIGNATURE

*Richard V. Lamb*

Signature, typed or printed name of registered agent and date if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:  
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

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

**Make Check Payable to  
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>MARSHALL, BONNIE</b>	
STREET ADDRESS	<b>1502 TROPIC TERR.</b>	
CITY-ST-ZIP	<b>N. FT. MYERS FL</b>	
TITLE	<b>VPD</b>	<input type="checkbox"/> Delete
NAME	<b>HICKS, R.</b>	
STREET ADDRESS	<b>1501 TROPIC TERR</b>	
CITY-ST-ZIP	<b>N/FT MYERS, FL 00000</b>	
TITLE	<b>PD</b>	<input type="checkbox"/> Delete
NAME	<b>FALLS, HAROLD F.</b>	
STREET ADDRESS	<b>1513 TROPIC TERR.</b>	
CITY-ST-ZIP	<b>N FT MYERS, FL 00000</b>	
TITLE	<b>SD</b>	<input type="checkbox"/> Delete
NAME	<b>DOMINICK, FLOYD</b>	
STREET ADDRESS	<b>1528 TROPIC TERR.</b>	
CITY-ST-ZIP	<b>N FT MYERS FL</b>	
TITLE	<b>S</b>	<input type="checkbox"/> Delete
NAME	<b>SAMB, DICK</b>	
STREET ADDRESS	<b>1504 TROPIC TERR</b>	
CITY-ST-ZIP	<b>N/FT MYERS FL</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<b>LAMB, Richard (President)</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>1504 Tropic Terrace,</b>	
STREET ADDRESS	<b>N. Ft. Myers, FL.</b>	
CITY-ST-ZIP		
TITLE	<b>HICKS, Robt. (Vice President)</b>	<input type="checkbox"/> Addition
NAME	<b>1501 Tropic Terrace,</b>	
STREET ADDRESS	<b>N. Ft. Myers, FL.</b>	
CITY-ST-ZIP		
TITLE	<b>CHANDLER, Donna S/T</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>1522 Tropic Terrace,</b>	
STREET ADDRESS	<b>N. Ft. Myers, FL.</b>	
CITY-ST-ZIP		
TITLE	<b>DOMINICK, Floyd (Director)</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>1528 Tropic Terrace,</b>	
STREET ADDRESS	<b>N. Ft. Myers, FL.</b>	
CITY-ST-ZIP		
TITLE	<b>JARRY, Denis, (Director)</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>1530 Tropic Terrace,</b>	
STREET ADDRESS	<b>N. Ft. Myers, F.</b>	
CITY-ST-ZIP		
TITLE	<b>MEIERS, Wm. (Director)</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>1531 Tropic Terrace,</b>	
STREET ADDRESS	<b>N. Ft. Myers, FL.</b>	
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 authority.

SIGNATURE:

*Richard V. Lamb*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)