

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. McInham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000045398 (1)

1. Corporation Name

TROPICAL GARDEN APTS., INC.



Principal Place of Business

3803 SOUTH EAST 18TH PLACE
CAPE CORAL FL 33904

Mailing Address

3803 SOUTH EAST 18TH PLACE
CAPE CORAL FL 33904

3. Date Incorporated or Qualified
06/06/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21

26

2530 SE 24th PL

4. FEI Number

65-0591693

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

City & State

City & State

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

23

28

Cape Coral Florida

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

24

25

Country

29

33904

30

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ROESCH, GABRIELE
3803 SOUTH EAST 18TH PLACE
CAPE CORAL FL 33904

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

2530 SE 24th PL

83

84 City

Cape Coral

FL

85 Zip Code

33904

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature of the person who is authorized to sign this report

Signature of the person who is authorized to sign this report

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE ☐ DELETE

NAME
ROESCH, DIETER
STREET ADDRESS
3803 SOUTH EAST 18TH PLACE
CITY, ST, ZIP
CAPE CORAL FL 33904

2. TITLE ☐ DELETE

NAME
ROESCH, GABRIELE
STREET ADDRESS
3803 SOUTH EAST 18TH PLACE
CITY, ST, ZIP
CAPE CORAL FL 33904

3. TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY, ST, ZIP

4. TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY, ST, ZIP

5. TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY, ST, ZIP

6. TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY, ST, ZIP

1. TITLE

2. NAME

13 STREET ADDRESS

25 2530 SE 24th PL

14 CITY, ST, ZIP

2. TITLE

22 NAME

23 STREET ADDRESS

2530 SE 24th PL

24 CITY, ST, ZIP

3. TITLE

32 NAME

33 STREET ADDRESS

34 CITY, ST, ZIP

4. TITLE

42 NAME

43 STREET ADDRESS

44 CITY, ST, ZIP

5. TITLE

52 NAME

53 STREET ADDRESS

54 CITY, ST, ZIP

6. TITLE

62 NAME

63 STREET ADDRESS

64 CITY, ST, ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an amendment with an address.

SIGNATURE:

Dieter Roesch

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02-02-96

DATE

SIGNATURE

CR2E034 (12/95)