

2000 UNIFORM BUSINESS REPORT (UBR)

2/2

DOCUMENT # 735261

Entity Name

TROPIC TERRACE CONDOMINIUM ASSOCIATION, UNIT 140

FILED
Apr 27, 2000 8:00 am
Secretary of State

02-21-2000 90026 001 ****61.25

Principal Place of Business	Mailing Address
1400, INC. TROPIC TERRACE FORT MYERS FL 33903	IT 1400, INC. 1400 TROPIC TERRACE NO. FORT MYERS FL 33903-5271

Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State
Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number	Applied For
59-1704431	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WIESNER, JAMES
1424 TROPIC TERRACE
N. FT. MYERS FL 33903

7. Name and Address of New Registered Agent

Name

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

City

FL Zip Code

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 _____ (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

OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

P TOBIN, DEANNE 1403 TROPIC TERRACE N. FT. MYERS FL 33903	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR, T DEANNA	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
D MAURER, DORETTA 1404 TROPIC TERRACE N. FT. MYERS FL 33903	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP, D, T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
DS VILCNEK, ANNE 1411 TROPIC TERRACE NO FORT MYERS FL 33903	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	-	<input type="checkbox"/> Change <input type="checkbox"/> Addition
DT GASSER, JEANETTE 1402 TROPIC TERRACE N FT. MYERS FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
D DEAETTE, FRANK 1422 TROPIC TERRACE N FT. MYERS FL 33903	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S, D, T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P, D WIESNER, JAMES 1424 TROPIC TERRACE N. FT. MYERS, FL 33903	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: DEANNA TOBIN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

941-656-0573

Date Daytime Phone #

CR2E037 (9/99)