


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2006 8:00 am
Secretary of State

04-25-2006 90115 004 ****61.25

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DOCUMENT # 735261					
1. Entity Name TROPIC TERRACE CONDOMINIUM ASSOCIATION, UNIT 1400, INC.					
Principal Place of Business IT 1400, INC. 1400 TROPIC TERRACE NO. FORT MYERS, FL 33903			Mailing Address IT 1400, INC. 1400 TROPIC TERRACE NO. FORT MYERS, FL 33903		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
				Country	
4. FEI Number 59-1704431				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
HAMNER, JAMES R. 1412 TROPIC TERRACE N. FT. MYERS, FL 33903			Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HAMNER, JAMES R		NAME		
STREET ADDRESS	1412 TROPIC TERRACE		STREET ADDRESS		
CITY - ST - ZIP	N. FT. MYERS, FL 33903		CITY - ST - ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SIMON, JERALD		NAME	WIESACE, JAMES	
STREET ADDRESS	1410 TROPIC TERRACE		STREET ADDRESS	1430 TROPIC TERRACE	
CITY - ST - ZIP	N. FT. MYERS, FL 33903		CITY - ST - ZIP	N FORT MYERS FL 33903	
TITLE	DS	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DOLLOFF, LEONA		NAME		
STREET ADDRESS	1425 TROPIC TERRACE		STREET ADDRESS		
CITY - ST - ZIP	NO FORT MYERS, FL		CITY - ST - ZIP		
TITLE	DT	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MCGEOUGH, CAROL		NAME		
STREET ADDRESS	1434 TROPIC TERRACE		STREET ADDRESS		
CITY - ST - ZIP	NORTH FORT MYERS, FL 33903		CITY - ST - ZIP		
TITLE	DVP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	TOBIN, DEANNA		NAME		
STREET ADDRESS	1403 TROPIC TERRACE		STREET ADDRESS		
CITY - ST - ZIP	N FT. MYERS, FL 33903		CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME			NAME	MAURER, DORETTA	
STREET ADDRESS			STREET ADDRESS	1404 TROPIC TERRACE	
CITY - ST - ZIP			CITY - ST - ZIP	N FORT MYERS FL 33903	
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: <i>Carole McGeough</i> Treasurer			4-20-06		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		
Carole McGeough			Daytime Phone #		