

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**

**Mar 27, 2017**

**Secretary of State**

**CC1940969408**

DOCUMENT# N10000008644

**Entity Name:** TROPICANA CO-OP, INC.

**Current Principal Place of Business:**

16711 MCGREGOR BLVD  
FORT MYERS, FL 33908

**Current Mailing Address:**

16711 MCGREGOR BLVD  
FORT MYERS, FL 33908

**FEI Number:** 27-3533622

**Certificate of Status Desired:** No

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

AEQUITAS, MARTIN P.A.  
2002 EAST 4TH AVENUE  
TAMPA, FL 33605 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title           DIRECTOR  
Name           ALBERT, HAZEL  
Address        12580 FLAMINGO DR  
City-State-Zip: FORT MYERS FL 33908

Title           T  
Name           BARNHART, OWEN  
Address        11577 PALM DR  
City-State-Zip: FT. MYERS FL 33908

Title           DIRECTOR  
Name           KREBS, TOM  
Address        12533 BANYAN DRIVE  
City-State-Zip: FT. MYERS FL 33908

Title           SECRETARY  
Name           BALBONI, SANDY  
Address        12585 PALMETTO DRIVE  
City-State-Zip: FT. MYERS FL 33908

Title           VP  
Name           BURKET, KENNETH  
Address        16623  
                  AVOCADO DRIVE  
City-State-Zip: FORT MYERS FL 33908

Title           DIRECTOR  
Name           FRIEMANN, DENNIS  
Address        16610 LANTANA DRIVE  
City-State-Zip: FORT MYERS FL 33908

Title           PRESIDENT  
Name           PERRY, TIM  
Address        12526 COCONUT  
City-State-Zip: FORT MYERS FL 33908

Title           DIRECTOR  
Name           BUGG, DORIS  
Address        16609 LANTANA  
City-State-Zip: FORT MYERS FL 33908

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*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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** TIM PERRY

**PRESIDENT**

**03/27/2017**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title           DIRECTOR  
Name           BAKER, TOM  
Address        12530 JASMINE  
City-State-Zip: FORT MYERS FL 33908