

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

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 D  
Name ROUND, GARRY  
Address 11560 PALM DRIVE  
City-State-Zip: FORT MYERS FL 33908

Title P  
Name COVINGTON, RON  
Address 16617 AVOCADO DR  
City-State-Zip: FORT MYERS FL 33908

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

Title S  
Name BAINBRIDGE, BETTY  
Address 12566 FLAMINGO DR  
City-State-Zip: FT. MYERS FL 33908

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

Title DIRECTOR  
Name MCPHERRON, LARRY  
Address 16626 CAMELIA 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 DIRECTOR  
Name JOSEPH, AL  
Address 12526 BANYAN DRIVE  
City-State-Zip: FT. MYERS FL 33908

**Continues on page 2**

*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:** COVINGTON, RON

**PRESIDENT**

**03/12/2014**

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

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

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