

**2021 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:**

ATLAS LAW  
3902 N MARQUERITE STREET  
TAMPA, FL 33603 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:** BRIAN CHASE

04/08/2021

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

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

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

Title            TREASURER  
Name            ROUND, DOUG  
Address        12619 PLUMOSA  
City-State-Zip: FORT MYERS FL 33908

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

Title            DIRECTOR  
Name            HOUSEMEYER, DIANA  
Address        12554 POINCIANA  
City-State-Zip: FORT MYERS FL 33908

Title            DIRECTOR  
Name            HARPER, DOROTHY  
Address        11615 PALM  
City-State-Zip: FORT MYERS FL 33908

Title            DIRECTOR  
Name            MCPHERRON, LARRY  
Address        16626 CAMELIA  
City-State-Zip: FORT MYERS FL 33908

Title            VP  
Name            KELLY, DAN  
Address        11510 EAST PALM  
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:** FRIEMANN , DENNIS

PRESIDENT

04/08/2021

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title           DIRECTOR  
Name           PETRO, JOHN  
Address        12514 JASMINE  
City-State-Zip: FT MYERS FL 33908