

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 722861 (2)

1. Corporation Name

TROPICAL GULF ACRES CIVIC ASSOCIATION, INC.

Principal Place of Business

28245 PASADENA DR.  
P. O. BOX 1064  
PUNTA GORDA FL 33951-8064

Mailing Address

28245 PASADENA DR.  
P. O. BOX 1064  
PUNTA GORDA FL 33951-8064



3. Date Incorporated or Qualified  
03/08/1972

3a. Date of Last Report  
02/22/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number  
59-1811212

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

REEL, KATHLEEN C  
28274 SENATOR DR  
PUNTA GORDA FL 33955

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> DELETE
P	FIORINI, EDDIE	12153 MINNESOTA DR	PUNTA GORDA FL	<input type="checkbox"/>
T	RAMAGLIA, VITO	27083 SAFFRON DR	PUNTA GORDA FL	<input type="checkbox"/>
V	SMITH, LLOYD	12501 LAGUNA DR.	PUNTA GORDA FL	<input type="checkbox"/>
SD	REEL, KATHLEEN C.	28274 SENATOR DR.	PUNTA GORDA FL	<input type="checkbox"/>
D	WINE, IVAN	12070 BORAX AVE.	PUNTA GORDA FL	<input checked="" type="checkbox"/>
D	HOLMES, FRED	28353 JARDIN DRIVE	PUNTA GORDA FL	<input checked="" type="checkbox"/>

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	ED RING
5.3 STREET ADDRESS	27204 PASADENA
5.4 CITY-ST-ZIP	PUNTA GORDA, FL. 33955
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	BRUCE SNOWDON
6.3 STREET ADDRESS	13117 ALOHA
6.4 CITY-ST-ZIP	PUNTA GORDA, FL. 33955

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for exemption from Section 119.07, Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-18-96

637-7694

CR2E037 (12/95)