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FILED

Apr 30 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA 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

Mailing Address

28245 PASADENA DR.  
P. O. BOX 1064  
PUNTA GORDA FL 33951-806428245 PASADENA DR.  
P. O. BOX 1064  
PUNTA GORDA FL 33951-10643. Date Incorporated or Qualified  
03/08/19723a. Date of Last Report  
03/26/19964. FEI Number  
59-1811212Applied For  
Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution☐ \$5.00 May Be  
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City &amp; State

27 City &amp; State

23 Zip Country

28 Zip Country

24

29

30

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 P ☒ DELETE  
NAME FIORINI, EDDIE  
STREET ADDRESS 12153 MINNESOTA DR  
CITY-ST-ZIP PUNTA GORDA FL1.1 TITLE P ☒ Change ☐ Addition  
1.2 NAME DANE GROSSNICKLE  
1.3 STREET ADDRESS 12159 MINNESOTA DR.  
1.4 CITY-ST-ZIP PUNTA GORDA, FL. 33955TITLE T ☐ DELETE  
NAME RAMAGLIA, VITO  
STREET ADDRESS 27083 SAFFRON DR  
CITY-ST-ZIP PUNTA GORDA FL2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIPTITLE V ☐ DELETE  
NAME SMITH, LLOYD  
STREET ADDRESS 12501 LAGUNA DR.  
CITY-ST-ZIP PUNTA GORDA FL3.1 TITLE VPD ☒ Change ☐ Addition  
3.2 NAME EDDIE FIORINI  
3.3 STREET ADDRESS 12153 MINNESOTA DR.  
3.4 CITY-ST-ZIP PUNTA GORDA, FL. 33955TITLE SD ☐ DELETE  
NAME REEL, KATHLEEN C.  
STREET ADDRESS 28274 SENATOR DR  
CITY-ST-ZIP PUNTA GORDA FL4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIPTITLE D ☐ DELETE  
NAME RING, ED  
STREET ADDRESS 27204 PASADENA  
CITY-ST-ZIP PUNTA GORDA FL5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIPTITLE D ☒ DELETE  
NAME SNOWDON, BRUCE  
STREET ADDRESS 13117 ALOHA  
CITY-ST-ZIP PUNTA GORDA FL6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: DANE GROSSNICKLE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-13-97 941-639-3201

CP2E037 (9/96)