03011999-90224-023-$70.00-$70.00

FILED
Mar 01, 1999 8:00 am
Secretary of State
03-01-1999 90224 023 ****70.00

NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 722861

1. Corporation Name

TROPICAL GULF ACRES CIVIC ASSOCIATION, INC.

* 3 01076 - 90065 - 20

Principal Place of Business	Mailing Address
28245 PASADENA DR. P. O. BOX 1064 PUNTA GORDA FL 33951-8064	28245 PASADENA DR. P. O. BOX 1064 PUNTA GORDA FL 33951-8064

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country 25	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30	3. Date Incorporated or Qualified 03/08/1972 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

9. Name and Address of Current Registered Agent

~~REEL, KATHLEEN C~~
~~28274 SENATOR DR~~
~~PUNTA GORDA FL 33955~~

10. Name and Address of New Registered Agent

81 Name: SUSAN FIORINI
82 Street Address (P.O. Box Number is Not Acceptable): 1123 LA SALINA
83: PUNTA GORDA, FL
84 City: FL 85 Zip Code: 33950

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: S Fiorini January 21, 1999
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	PRESIDENT	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	GROSSNICKLE, DANE		1.2 NAME		
STREET ADDRESS	12159 MINNESOTA DR.		1.3 STREET ADDRESS		
CITY-ST-ZIP	PUNTA GORDA FL		1.4 CITY-ST-ZIP		
TITLE	TREASURER	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	RAMAGLIA, VITO		2.2 NAME		
STREET ADDRESS	27083 SAFFRON DR		2.3 STREET ADDRESS		
CITY-ST-ZIP	PUNTA GORDA FL		2.4 CITY-ST-ZIP		
TITLE	VPD	☒ DELETE	3.1 TITLE	VPD VICE PRESIDENT	☐ Change ☒ Addition
NAME	FIORINI, EDDIE		3.2 NAME	FIORINI, MARY	
STREET ADDRESS	12153 MINNESOTA DRIVE		3.3 STREET ADDRESS	12153 MINNESOTA AVE	
CITY-ST-ZIP	PUNTA GORDA FL		3.4 CITY-ST-ZIP	PUNTA GORDA, FL 33955	
TITLE	SD	☒ DELETE	4.1 TITLE	SD SECRETARY	☐ Change ☒ Addition
NAME	REEL, KATHLEEN C.		4.2 NAME	SUSAN FIORINI	
STREET ADDRESS	28274 SENATOR DR.		4.3 STREET ADDRESS	1123 LA SALINA	
CITY-ST-ZIP	PUNTA GORDA FL		4.4 CITY-ST-ZIP	PUNTA GORDA FL 33950	
TITLE	DIRECTOR	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	RING, ED		5.2 NAME		
STREET ADDRESS	27204 PASADENA		5.3 STREET ADDRESS		
CITY-ST-ZIP	PUNTA GORDA FL		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE	WILSON, MARGIE	☐ Change ☒ Addition
NAME			6.2 NAME	12405 MARYLAND	DIRECTOR
STREET ADDRESS			6.3 STREET ADDRESS	PUNTA GORDA, FL 33955	
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (11/98)

14. I 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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED Pres. 1-19-99 941-639-3201
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #