

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 12, 2001 8:00 am
Secretary of State

03-12-2001 90484 045 ****61.25

DOCUMENT # 722861

1. Entity Name

TROPICAL GULF ACRES CIVIC ASSOCIATION, INC.

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1811212

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FIORINI, SUSAN
1123 LA SALINA
PUNTA GORDA FL 33950

Name

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

City

FL

Zip Code

8. 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

Susan L. Fiorini, Secretary *Susan L. Fiorini* *1/18/1*

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

(NOTE: Registered Agent Signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	GROSSNICKLE, DANE	
STREET ADDRESS	12159 MINNESOTA DR.	
CITY-ST-ZIP	PUNTA GORDA FL	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	RAMAGLIA, VITO	
STREET ADDRESS	27083 SAFFRON DR	
CITY-ST-ZIP	PUNTA GORDA FL	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	FIORINI, MARY	
STREET ADDRESS	12153 MINNESOTA DRIVE	
CITY-ST-ZIP	PUNTA GORDA FL 33955	
TITLE	SD	<input type="checkbox"/> Delete
NAME	FIORINI, SUSAN	
STREET ADDRESS	1123 LA SALINA	
CITY-ST-ZIP	PUNTA GORDA FL 33950	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	RING, ED	
STREET ADDRESS	27204 PASADENA	
CITY-ST-ZIP	PUNTA GORDA FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	WILSON, MARGIE	
STREET ADDRESS	12405 MARYLAND	
CITY-ST-ZIP	PUNTA GORDA FL 33955	

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Vito Ramaglia, President	
STREET ADDRESS	27083 Saffron Dr	
CITY-ST-ZIP	Punta Gorda FL 33955	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Ed Ring, V.P.	
STREET ADDRESS	27204 Pasadena	
CITY-ST-ZIP	Punta Gorda FL 33955	
TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Lorain Davis, Treasurer	
STREET ADDRESS	Punta Gorda FL 33955	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Barb Ring, Director	
STREET ADDRESS	27204 Pasadena	
CITY-ST-ZIP	Punta Gorda FL 33955	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Susan L. Fiorini, Secretary *Susan L. Fiorini* *1/18/1* *941 575-8609*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)