2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2005 8:00 am
Secretary of State

04-28-2005 90225 046 ****70.00

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01312005 Chg-NP CR2E037 (10/03)

DOCUMENT # 722861

1. Entity 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
POST OFFICE BOX ~~1064~~ 511064
PUNTA GORDA, FL 33951-8064

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip | Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip | Country

4. FEI Number 59-1811212 — Applied For / Not Applicable

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
FIORINI, SUSAN
12459 TAMIAMI TRAIL
PUNTA GORDA, FL 33955

7. Name and Address of New Registered Agent
Name: Richard C. Poole
Street Address (P.O. Box Number is Not Acceptable): 12052 Gorax Ave
City: Punta Gorda FL Zip Code: 33955

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: [signature] 4-21-05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	P ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	GROSSNICKLE, DANE	NAME	← SAME
STREET ADDRESS	12159 MINNESOTA AVENUE	STREET ADDRESS	
CITY-ST-ZIP	PUNTA GORDA, FL 33955	CITY-ST-ZIP	
TITLE	VP ☒ Delete	TITLE	V.P. ☒ Change ☐ Addition
NAME	LEAVER, JIM	NAME	Thomas W. Strawson
STREET ADDRESS	13504 SANTA MARIA DRIVE	STREET ADDRESS	12259 FINWICK Dr
CITY-ST-ZIP	PUNTA GORDA, FL 33955	CITY-ST-ZIP	Punta Gorda Fl 33955
TITLE	T ☒ Delete	TITLE	Tr ☒ Change ☐ Addition
NAME	FIORINI, JOSEPH	NAME	Richard C. Poole
STREET ADDRESS	12459 TAMIAMI TRAIL	STREET ADDRESS	12052 Gorax Ave
CITY-ST-ZIP	PUNTA GORDA, FL 33955	CITY-ST-ZIP	Punta Gorda Fl 33955
TITLE	SD ☒ Delete	TITLE	D ☐ Change ☒ Addition
NAME	FIORINI, SUSAN	NAME	JACK MATTHEW
STREET ADDRESS	12459 TAMIAMI TRAIL	STREET ADDRESS	~~[illegible]~~ 12477 LAGOONA DR.
CITY-ST-ZIP	PUNTA GORDA, FL 33955	CITY-ST-ZIP	PUNTA GORDA Fl. 33955
TITLE	D ☒ Delete	TITLE	D ☐ Change ☒ Addition
NAME	GUGLIELMINO, MARY	NAME	LYNN-E AMBROSE
STREET ADDRESS	1552 ATARES, #112	STREET ADDRESS	12606 LAGOONA
CITY-ST-ZIP	PUNTA GORDA, FL 33951	CITY-ST-ZIP	PUNTA GORDA, Fl. 3355
TITLE	D ☐ Delete	TITLE	D ☐ Change ☐ Addition
NAME	WILSON, MARGIE	NAME	Substitute 12159 MINN. AVE
STREET ADDRESS	12405 MARYLAND	STREET ADDRESS	PAULINE GROSSNICKLE Punta Gorda, F.
CITY-ST-ZIP	PUNTA GORDA, FL 33955	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: [signature] Pres. 4-21-05 941-456-4846
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #