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

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01312005 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	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: Richard C. Poole 4-21-05
Signature required of 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	P GROSSNICKLE, DANE 12159 MINNESOTA AVENUE PUNTA GORDA, FL 33955	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition ← SAME
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP LEAVER, JIM 13504 SANTA MARIA DRIVE PUNTA GORDA, FL 33955	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V.P, Thomas W. Strawson 12259 FINWICK Dr Punta Gorda Fl 33955 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T FIORINI, JOSEPH 12459 TAMIAMI TRAIL PUNTA GORDA, FL 33955	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Tr Richard C. Poole 12052 Gorax Ave Punta Gorda Fl 33955 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD FIORINI, SUSAN 12459 TAMIAMI TRAIL PUNTA GORDA, FL 33955	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D JACK MATTHEW ~~1244~~ 12477 LAGOONA DR. PUNTA GORDA Fl. 33955 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GUGLIELMINO, MARY 1552 ATARES, #112 PUNTA GORDA, FL 33951	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LYNN-E AMBROSE 12606 LAGOONA PUNTA GORDA, Fl. 33955 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WILSON, MARGIE 12405 MARYLAND PUNTA GORDA, FL 33955	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Substitute 12159 MINN. AVE PAULINE GROSSNICKLE Punta Gorda, F. ☐ Change ☐ Addition

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: Richard C. Poole Pres. 4-21-05 941-456-4846
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #