


**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 31, 2006 8:00 am**  
**Secretary of State**

01-31-2006 90011 028 \*\*\*\*61.25

<b>DOCUMENT # 722861</b> 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 <del>1064</del> 1064 PUNTA GORDA, FL 33951- <del>1064</del> 1064
---	--

**60009297**



01252006 No Chg-NP CR2E037 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-1811212	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  POOLE, RICHARD 12052 BORAX AVENUE PUNTA GORDA, FL 33955	<b>DO NOT WRITE IN THIS SPACE</b>
--	---------------------------------------

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee is \$61.25  
Due by May 1, 2006**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P GROSSNICKLE, DANE 12159 MINNESOTA AVENUE PUNTA GORDA, FL 33955
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP STRAWSON, THOMAS W 12259 FINWICK DRIVE PUNTA GORDA, FL 33955
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Mr. Richard Poole 12052 Borax Ave. Punta Gorda, FL 33955-2011
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MATTHEW, JACK 12477 LAGODNA DRIVE PUNTA GORDA, FL 33955
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D AMBROSE, LYNN-E 12606LAGODNA PUNTA GORDA, FL 33955
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D WILSON, MARGIE 12405 MARYLAND PUNTA GORDA, FL 33955

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-25-06 (941) 575-0675