2006 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

900075219349
05/25/06--01009--026 **61.25
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06 MAY 12 AM 9:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 722861

1. Entity Name
TROPICAL GULF ACRES CIVIC ASSOCIATION, INC.

Principal Place of Business	Mailing Address
28245 PASADENA DR. P. O. BOX ~~1064~~ 511064 PUNTA GORDA, FL 33951-~~8864~~ 1064	POST OFFICE BOX ~~1064~~ 511064 PUNTA GORDA, FL 33951-~~8864~~ 1064

2. Principal Place of Business	3. Mailing Address
28245 Pasadena DR	P O Box 511064
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Punta Gorda FL	City & State: Punta Gorda FL
Zip: 33955 Country: USA	Zip: 33951-1064 Country: USA

04192006 Chg-NP CR2E037 (11/05)

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	7. Name and Address of New Registered Agent
POOLE, RICHARD 12052 BORAX AVENUE PUNTA GORDA, FL 33955	Name: John Quinn Street Address (P.O. Box Number is Not Acceptable): 28040 Nightingale DR 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: X John A Quinn John A Quinn 4-21-06 4-27-06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Amended AR is $61.25

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	PRESIDENT Tom W Strawson 12259 Finwick Dr Punta Gorda FL 33955	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP STRAWSON, THOMAS W 12259 FINWICK DRIVE PUNTA GORDA, FL 33955	☒ Delete	VICE PRESIDENT Bob Hill 12401 maryland AV Punta Gorda FL 33955	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T FIORINI, JOSEPH 12052 BORAX AVENUE PUNTA GORDA, FL 33955	☒ Delete	TREASURER John Quinn 28040 Nightingale DR Punta Gorda FL 33955	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MATTHEW, JACK 12477 LAGODNA DRIVE PUNTA GORDA, FL 33955	☒ Delete	SECRETARY Lynne Ambrose 12606 Laguna DR Punta Gorda FL 33955	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D AMBROSE, LYNN-E 12606LAGODNA PUNTA GORDA, FL 33955	☒ Delete	DIRECTOR Richard Poole 12052 Borax Ave Punta Gorda FL 33955	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WILSON, MARGIE 12405 MARYLAND PUNTA GORDA, FL 33955	☐ Delete	DIRECTOR Earl Woods 12174 Pontoon Blvd Punta Gorda FL 33955	☐ Change ☒ Addition

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: Thomas W. Strawson Pres. 4/20/06 941-639-6070
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #