2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2008 8:00 am
Secretary of State
04-21-2008 90064 013 ****61.25

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

Principal Place of Business	Mailing Address
28245 PASADENA DR. PUNTA GORDA, FL 33955	P.O. BOX 511064 PUNTA GORDA, FL 33951-1064

04122008 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	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

QUINN, JOHN
28040 NIGHTINGALE DR
PUNTA GORDA, FL 33955

7. Name and Address of New Registered Agent

Name: LYNNE Ambrose
Street Address (P.O. Box Number is Not Acceptable): 12606 Laguna 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: Lynne Ambrose LYNNE Ambrose 4-17-08
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, 2008

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 STRAWSON, TOM W 12259 FINWICK DR PUNTA GORDA, FL 33955	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T QUINN, JOHN 28040 NIGHTINGALE DR PUNTA GORDA, FL 33955	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP Robert White 12201 Paramount DR Punta Gorda FL 33955 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	 AMBROSE, LYNNE 12606 LAGUNA DR PUNTA GORDA, FL 33955	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TREASURER LYNNE Ambrose 12606 Laguna DR Punta Gorda FL 33955 ☒ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D POOLE, RICHARD 12052 BORAX AVE PUNTA GORDA, FL 33955	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SECRETARY PETRA Fields 12276 PONTOON Blvd 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	DIRECTOR BO FISHER 28007 N TWINLAKES DR Punta Gorda FL 33955 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIRECTOR Richard POOLE 12052 BORAX AV 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: _____ 4/18/08 PRES
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #