

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # 734656 (2)**  
1. Corporation Name  
**TROPIC TERRACE GARDENS CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business  
**518 PANGOLA DR  
NORTH FT MYERS FL 33903**

Mailing Address  
**518 PANGOLA DR  
NORTH FT MYERS FL 33903**

3. Date Incorporated or Qualified  
**12/22/1975**

3a. Date of Last Report  
**03/09/1995**

4. FEI Number  
**59-1643819**

Applied For  
☐ Yes ☒ No

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business  
**21** Suite, Apt. #, etc.  
**22** City & State  
**23** Zip  
**24** Country

2a. Mailing Address  
**26** Suite, Apt. #, etc.  
**27** City & State  
**28** Zip  
**29** Country

9. Name and Address of Current Registered Agent

**REED, DONNA  
518 PANGOLA DR  
N FT MYERS FL 33903**

10. Name and Address of New Registered Agent

**81** Name  
**82** Street Address (P.O. Box Number is Not Acceptable)  
**83**  
**84** City  
**FL** **85** Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VP	1.1 TITLE	0
NAME	CODDINGTON, FRANCIS	1.2 NAME	WIDDEL, MARVIN
STREET ADDRESS	520 PANGOLA DR.	1.3 STREET ADDRESS	524 Pangola Dr
CITY-ST-ZIP	N FT MYERS, FL 00000	1.4 CITY-ST-ZIP	N FT Myers, FL 33903
TITLE	T	2.1 TITLE	T/UP
NAME	DORNBUSH, HERBERT	2.2 NAME	
STREET ADDRESS	842 PANGOLA DR	2.3 STREET ADDRESS	
CITY-ST-ZIP	N FT MYERS, FL 00000	2.4 CITY-ST-ZIP	33903
TITLE	P	3.1 TITLE	
NAME	REED, DONNA	3.2 NAME	
STREET ADDRESS	818 PANGOLA DR	3.3 STREET ADDRESS	
CITY-ST-ZIP	N FT MYERS, FL 00000	3.4 CITY-ST-ZIP	33903
TITLE	VPD	4.1 TITLE	D
NAME	LYTLE, WILLIAM	4.2 NAME	OUNAN, GEORGE
STREET ADDRESS	846 PANGOLA DR.	4.3 STREET ADDRESS	856 Pangola Dr.
CITY-ST-ZIP	N. FT. MYERS FL	4.4 CITY-ST-ZIP	N. Ft. Myers, FL 33903
TITLE	SD	5.1 TITLE	
NAME	FOLEY, BEVERLY	5.2 NAME	
STREET ADDRESS	514 PANGOLA DR.	5.3 STREET ADDRESS	
CITY-ST-ZIP	N. FT. MYER FL	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Herbert W Dornbush* **HERBERT W DORNBUSH**

2-2-96

941-997-7453

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)