

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 06 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA 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 33903-52143. Date Incorporated or Qualified
12/22/19753a. Date of Last Report
02/15/1996

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

4. FEI Number

59-1643819

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes☐ Yes☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

REED, DONNA
518 PANGOLA DR
N FT MYERS FL 33903

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	D	<input type="checkbox"/> DELETE
NAME	MARVIN, WIDDEL	
STREET ADDRESS	524 PANGOLA DR	
CITY-ST-ZIP	N FT MYERS FL	
TITLE	TV	<input type="checkbox"/> DELETE
NAME	DORNBUSH, HERBERT	
STREET ADDRESS	842 PANGOLA DR	
CITY-ST-ZIP	N FT MYERS, FL 00000	
TITLE	P	<input type="checkbox"/> DELETE
NAME	REED, DONNA	
STREET ADDRESS	818 PANGOLA DR	
CITY-ST-ZIP	N FT MYERS, FL 00000	
TITLE	D	<input type="checkbox"/> DELETE
NAME	OUNAN, GEORGE	
STREET ADDRESS	858 PANGOLA DR	
CITY-ST-ZIP	N FT MYERS FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	FOLEY, BEVERLY	
STREET ADDRESS	514 PANGOLA DR.	
CITY-ST-ZIP	N. FT. MYER FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	WIDDEL, MARVIN LOIS	
STREET ADDRESS	524 PANGOLA DR	
CITY-ST-ZIP	N FT MYERS FL 33903	

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	WIDDEL, MARVIN
1.3 STREET ADDRESS	524 PANGOLA DR
1.4 CITY-ST-ZIP	N FT MYERS, FL 33903
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	33903
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	33903
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	33903
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	O'HALLORAN, CAROLINE
5.3 STREET ADDRESS	855 PANGOLA DR.
5.4 CITY-ST-ZIP	N. FT MYERS FL 33903
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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 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 Dornbush, Secretary of State

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-1-97

Date

944 997 7453

Daytime Phone # 0068053

CR2E037 (9/96)