

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 16 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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	
2. Principal Place of Business 21		2a. Mailing Address 26		4. FEI Number 59-1643819	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27		Applied For Not Applicable	
City & State 23		City & State 28		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 24		Country 25		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No			
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		D		<input type="checkbox"/> DELETE		1.1 TITLE		V		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition					
NAME		MARVIN, WIDDEL				1.2 NAME									
STREET ADDRESS		524 PANGOLA DR				1.3 STREET ADDRESS									
CITY-ST-ZIP		N FT MYERS FL				1.4 CITY-ST-ZIP									
TITLE		TV		<input type="checkbox"/> DELETE		2.1 TITLE		T		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition					
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									
TITLE		P		<input type="checkbox"/> DELETE		3.1 TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition					
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									
TITLE		D		<input type="checkbox"/> DELETE		4.1 TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition					
NAME		OUNAN, GEORGE				4.2 NAME									
STREET ADDRESS		856 PANGOLA DR				4.3 STREET ADDRESS									
CITY-ST-ZIP		N FT MYERS FL				4.4 CITY-ST-ZIP									
TITLE		D		<input type="checkbox"/> DELETE		5.1 TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition					
NAME		O'HALLORAN, CAROLINE				5.2 NAME									
STREET ADDRESS		855 PANGOLA DR.				5.3 STREET ADDRESS									
CITY-ST-ZIP		N. FT. MYER FL				5.4 CITY-ST-ZIP									
TITLE		S		<input type="checkbox"/> DELETE		6.1 TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition					
NAME		WIDDEL, LOIS				6.2 NAME									
STREET ADDRESS		524 PANGOLA DR.				6.3 STREET ADDRESS									
CITY-ST-ZIP		N. FT MYERS FL				6.4 CITY-ST-ZIP									

14. I 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 W Dornbush* *Herbert W Dornbush* 2/4/98 941-997-7453
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # (000) 000-0000

CR2E037 (10/97)