FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

1999 DOCUMENT # 734656

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

FILED Mar 04, 1999 8:00 am § Secretary of State

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Principal Place of Business 2a. Mailing Address				3. Date Incorporated or Qualifed						
21		26		12/22/1975		P. J. F				
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		4. FEI Number	+ +	lied For				
22		27		59-1643819		Applicable				
City & State City & State				5. Certifcate of Status Desired	\$8.75 Ad					
23		28			Fee Req	·				
Zip	Country	Zip	Country	6. Election Campaign Financing	\$5.00 N	- 1				
24	25	29 30	<u> </u>	Trust Fund Contribution	Added to	Fees				
	9. Name and Address of Curren	t Registered Agent	04 11	10. Name and Address of New Registere	a Agent					
			81 Name	Ruth Kronenberg						
REED, DONNA Ruth Kronenberg				Name Ruth Kronenberg Street Address (R.O. Box Number is Not Acceptable)						
EAG DANIGOLA DD				537 Vangola Dr.						
N FT MY	ERS FL 33903 A ST MUSE	gan is se->	83	J	•					
	N. F.T. Mye	15, FL 53903	84 City A		. 85 Zip C	ode				
	,	•	84 City	V, Ft, Myers, F	L 333	703				
11. Dursuant to the provisions of Sections 617 0502 and 617 1508. Florida Statutes, the above-pamed compration submits this statement for the purpose of changing its registered										
office or	registered agent, or both, in the State im familiar with, and accept the obliga	of Florida. Such change was auth	iorized by the corpo	oration's board of directors. I hereby accept the app	iointment as reg	istered				
		John Of, Section of 7.0000, 1 londs	a Olaloles.	7/12	100					
SIGNATURE	Signature, typed or printed name of registered ager	t and title if applicable HNOTE: Rr	egistered Agent signature n	equired when reinstating) DATE						
12.		D DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTOR	RS IN 12				
TITLE	V	⊠ DELETE	1.1 TITLE	<u> </u>	∑ Change	☐ Addition				
NAME	MARVIN, WIDDEL		1.2 NAME	Robert Kolenshek						
STREET ADDRESS	524 PANGOLA DR		1.3 STREET ADDRESS							
	N FT MYERS FL		1.4 CITY-ST-ZIP	526 Pangola Pr. N. Ft. Myers, FL 33903						
CITY-ST-ZIP TITLE	T	☐ DELETE	2.1 TITLE	111111111111111111111111111111111111111	☐ Change	☐ Addition				
	DOONDUCH HEDDEDT		2.2 NAME			}				
Doffindorf, The Index			2.3 STREET ADDRESS							
STREET ADDRESS 842 PANGOLA DR		:		·		-				
CITY-ST-ZIP	N FT MYERS, FL 00000	₩ DELETE	2.4 CITY-ST-ZIP 3.1 TITLE		∑ Change	☐ Addition				
TITLE	P	OR DESERTE		P. M. Lun auberra						
NAME	REED, DONNA	· ·	3.2 NAME	Ruth Kronenberg 537 Panyola Pr. NIFONT Myers, FL: 33903						
STREET ADDRESS	818 PANGOLA DR		3.3 STREET ADDRESS	537 Panyola Vr.						
CITY-ST-ZIP	N FT MYERS, FL 00000		3.4. CITY-ST-ZIP	Nitrort Mujerts, FL: 39109	☐ Change	. Addition				
TITLE	D	☐ DELETE	4.1 TITLE	,	□ Gilalige	☐ Nagalagai				
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	⊠ DELETE	5.1 TITLE		Change	Addition				
NAME	O'HALLORAN, CAROLINE		5.2 NAME			i				
STREET ADDRESS	855 PANGOLA DR.		5.3 STREET ADDRESS							
CITY-ST-ZIP	N. FT. MYER FL		5.4 CITY-ST-ZIP							
TITLE	S	⊠ DELETE	6.1 TITLE	S.D. Marihyn Williams	Change	☐ Addition				
NAME	WIDDEL, LOIS		6.2 NAME	Marinya Willams	-	ĺ				
STREET ADDRESS			6.3 STREET ADDRESS	860 Pangola Dr.						
CITY-ST-ZIP	N. FT MYERS FL		6.4 CITY-ST-ZIP	N, Pt. My ers FL 33 903						

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, with all other like empowered.

SIGNATURE:

HALLIST WHOTEL TIME QUIRE TO PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

2-12-9

944-997 -7453 Daytime Phone #

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