

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2001 8:00 am
Secretary of State

0068406

DOCUMENT # 734656

1. Entity Name

TROPIC TERRACE GARDENS CONDOMINIUM ASSOCIATION,

04-16-2001 90020 022 *****61.25

Principal Place of Business

518 PANGOLA DR
 NORTH FT MYERS FL 33903

Mailing Address

537 PANGOLA DR
 NORTH FT MYERS FL 33903

2. Principal Place of Business

%PROFESSIONALLY YOURS

3. Mailing Address

%PROFESSIONALLY YOURS

Suite, Apt. #, etc.

1342 SE 46TH LANE

Suite, Apt. #, etc.

PO BOX 100831

City & State

CAPE CORAL, FL

City & State

CAPE CORAL, FL

4. FEI Number

59-1643819

Applied For

Not Applicable

Zip

33904

Country

US

Zip

33910

Country

US

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

6. Name and Address of Current Registered Agent

**KRONENBERG, RUTH
 537 PANGOLA DR. SE
 N FT MYERS FL 33903**

7. Name and Address of New Registered Agent

Name

OLSON, BARBARA

Street Address (P.O. Box Number is Not Acceptable)

PROFESSIONALLY YOURS, INC

1342 SE 46TH LANE, STE 3

City

CAPE CORAL

FL

Zip Code

33904

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.

SIGNATURE

Barbara A. Olson

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing
 Trust Fund Contribution. ☐

**\$5.00 May Be
 Added to Fees**

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

TITLE **V** ☐ Delete
 NAME **KOLENEK, ROBERT**
 STREET ADDRESS **526 PANGOLA DR.**
 CITY-ST-ZIP **N FT MYERS FL 33903**

TITLE **D** ☐ Delete
 NAME **DORNBUSH, HERBERT**
 STREET ADDRESS **842 PANGOLA DR**
 CITY-ST-ZIP **N FT MYERS FL**

TITLE **P** ☒ Delete
 NAME **KRONENBERG, RUTH**
 STREET ADDRESS **537 PANGOLA DR.**
 CITY-ST-ZIP **N. FT MYERS FL 33903**

TITLE **D** ☐ Delete
 NAME **OUNAN, GEORGE**
 STREET ADDRESS **856 PANGOLA DR**
 CITY-ST-ZIP **N FT MYERS FL**

TITLE **SD** ☐ Delete
 NAME **WILLIAMS, MARILYN**
 STREET ADDRESS **860 PANGOLA DR.**
 CITY-ST-ZIP **N. FT. MYER FL 33903**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☒ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **VTD** ☐ Change ☒ Addition
 NAME **NERO, DENNIS**
 STREET ADDRESS **524 PANGOLA DRIVE**
 CITY-ST-ZIP **N FT MYERS, FL 33903**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. 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 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:

Dennis Nero
SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/11/01

Date

Daytime Phone #

CR2E037 (10/00)