


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 24, 2004 8:00 am**  
**Secretary of State**

03-24-2004 90006 040 \*\*\*\*61.25

<b>DOCUMENT # 734656</b> 1. Entity Name <b>TROPIC TERRACE GARDENS CONDOMINIUM ASSOCIATION, INC.</b>					
Principal Place of Business <b>PROFESSIONALLY YOURS 1342 SE 46TH LN CAPE CORAL, FL 33904 US</b>			Mailing Address <b>PROFESSIONALLY YOURS P.O. BOX 100831 CAPE CORAL, FL 33910 US</b>		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number <b>59-1643819</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>CAMPBELL, PHILIP PROFESSIONALLY YOURS 1342 SE 46TH ST SUITE#3 CAPE CORAL, FL 33904</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City		
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2004</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS:</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BJORK, JOAN 535 PANGOLA DRIVE N FORT MYERS, FL 33903		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BARROWMAN, JACK 857 PANGOLA DRIVE N FORT MYERS, FL 33903		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WILLIAMS, MARILYN 860 PANGOLA DRIVE N FORT MYERS, FL 33903		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HIGGINS, JOHN 503 PANGOLA DRIVE N FORT MYERS, FL 33903		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WOODWARD, BILL 536 PANGOLA DRIVE N FORT MYERS, FL 33903		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HACKER, WILLI 505 PANGOLA DRIVE N FORT MYERS, FL 33903	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SALZBERGER, EMIL 517 PANGOLA DRIVE N FORT MYERS, FL 33903		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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.					
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					