


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 29, 2005 8:00 am**  
**Secretary of State**

07-29-2005 90013 005 \*\*\*\*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>
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**50058546**



2. Principal Place of Business <b>P &amp; M Property Management</b>	3. Mailing Address <b>15660 San Carlos BLVD</b>
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Suite, Apt. #, etc. <b>#40</b>	Suite, Apt. #, etc.
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City & State <b>Fort Myers, FL</b>	City & State
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Zip <b>33908</b>	Country	Zip	Country
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07182005 Chg-NP CR2E037 (10/03)

4. FEI Number <b>59-1643819</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent <b>CAMPBELL, PHILIP PROFESSIONALLY YOURS 1342 SE 46TH ST SUITE#3 CAPE CORAL, FL 33904</b>	
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7. Name and Address of New Registered Agent Name <b>Dixie Cory</b> Street Address (P.O. Box Number is Not Acceptable) <b>P &amp; M Property Management 15660 San Carlos BLVD #40</b> City <b>Fort Myers</b> <b>FL</b> <b>33908</b>	
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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 *Dixie Cory* DATE 7-20-05  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25  
Due by September 7, 2005**

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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**Make check payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BJORK, JOAN 535 PANGOLA DRIVE N FORT MYERS, FL 33903 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BARROWMAN, JACK 857 PANGOLA DRIVE N FORT MYERS, FL 33903 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WILLIAMS, MARILYN 860 PANGOLA DRIVE N FORT MYERS, FL 33903 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HIGGINS, JOHN 503 PANGOLA DRIVE N FORT MYERS, FL 33903 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HACKER, WILLI 505 PANGOLA DR. N FORT MYERS, FL 33903 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SALZBERGER, EMIL 517 PANGOLA DRIVE N FORT MYERS, FL 33903 <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Maggie Nero 524 Tropic Terrace Gardens N. Fort Myers, FL 33903 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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.

SIGNATURE: *Janet E. Gunt* 7/21/05 239/656 0998  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #