

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2006 8:00 am
Secretary of State

04-13-2006 90298 021 ****61.25

DOCUMENT # 734656

1. Entity Name
**TROPIC TERRACE GARDENS CONDOMINIUM
ASSOCIATION, INC.**



Principal Place of Business
**P & M PROPERTY MANAGEMENT
15660 SAN CARLOS BLVD # 40
FORT MYERS, FL 33908 US**

Mailing Address
**PROFESSIONALLY YOURS
P.O. BOX 100831
CAPE CORAL, FL 33910 US**

50011556



01112006 Chg-NP CR2E037 (11/05)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
59-1643819

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CORY, DIXIE
P & M PROPERTY MANAGEMENT
15660 SAN CARLOS BLVD, # 40
FORT MYERS, FL 33908**

Name

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

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete
NAME BJORK, JOAN
STREET ADDRESS 535 PANGOLA DRIVE
CITY-ST-ZIP N FORT MYERS, FL 33903

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

TITLE VD ☐ Delete
NAME BARROWMAN, JACK
STREET ADDRESS 857 PANGOLA DRIVE
CITY-ST-ZIP N FORT MYERS, FL 33903

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

TITLE SD ☐ Delete
NAME WILLIAMS, MARILYN
STREET ADDRESS 860 PANGOLA DRIVE
CITY-ST-ZIP N FORT MYERS, FL 33903

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

TITLE TD ☐ Delete
NAME HIGGINS, JOHN
STREET ADDRESS 503 PANGOLA DRIVE
CITY-ST-ZIP N FORT MYERS, FL 33903

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

TITLE D ☐ Delete
NAME NERO, MAGGIE
STREET ADDRESS 524 TROPIC TERRACE GARDENS
CITY-ST-ZIP NORTH FORT MYERS, FL 33903

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

TITLE D ☐ Delete
NAME SALZBERGER, EMIL
STREET ADDRESS 517 PANGOLA DRIVE
CITY-ST-ZIP N FORT MYERS, FL 33903

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 exemptions contained in Chapter 119, 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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

30 MAR 06

Date

239-995-0969

Daytime Phone #