## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 25, 2007 8:00 am Secretary of State

Process Place of Business   Making Address   P.O. BOX 100851   P	DOCUMENT # 734656  1. Entity Name TROPIC TERRACE GARDENS CONDOMINIUM ASSOCIATION, INC.				04-	25-2007 90202 003 ****61.25		
Suita, Part   Suita	P & M PROF 15660 SAN	PERTY MANAGEMENT Carlos BLVD # 40	PROFESSIONALLY YOUR! P.O. BOX 100831		1 10 201 10 00 1111			
COPY Sure  CORY DIVE  Solution  CORY DIVE  CORY DIVE  Solution  CORY DIVE  P & M PROPERTY MANAGEMENT  ISSES SAN CARLOS BLVD. # 40  FORT MYERS, FL 33903  TOTIS FIRE MODESS  SIDE Address of New Registered Agent  FIRE MODESS  SIDE Address of New Registered Agent  T. Hame and Address of New Registere	14360	S Teniami Tral	14360 5 Ten	iani Tr	911			
Second	AF B	·	4NITB			ng-NP CR2E037 (12/06)		
Signature   Sign	1 6 '	A 2 2		FL		<u> </u>		
CORY, DIXIE  P & M PROPERTY MANAGEMENT 15660 SAN CARLOS BLVD, # 40  FORT MYERS, FL 33908  ### Brown named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Tem familiar with, and accept the obligations of pegistered agent.  SICNATURE  ### Brown named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Tem familiar with, and accept the obligations of pegistered agent.  SICNATURE  ### Brown named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Tem familiar with, and accept the obligations of pegistered agent.  SICNATURE  ### Brown named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Tem familiar with, and accept the obligations of pegistered agent.  ### Brown named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Tem familiar with, and accept the obligations of pegistered agent.  ### Brown named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Tem familiar with, and accept the obligations of pegistered agent.  #### Brown named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Tem familiar with, and accept the obligations of pegistered agent.  #### Brown named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Tem familiar with, and accept the obligations of pegistered agent.  #### Brown named entity submits this statement for the purpose of changing its registered agent.  #### Brown named entity submits this statement for the purpose of changing its registered agent.  ###### Brown named entity submits it	339/				5. Certificate of Si		al	
CORY, DIXIE   P & M PROPERTY MANAGEMENT   15660 SAN CARLOS BLVD, # 40		6. Name and Address of Current F	Registered Agent	None	7. Name and Add	ress of New Registered Agent		
FORT MYERS, FL 33908  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 pagiciered agent.  SIGNATURE  SIGNATUR	CORY DIVIE				Payl Sapp			
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 pagatered agent.  SIGNATURE	P & M PROPERTY MANAGEMENT 15660 SAN CARLOS BLVD. # 40				Address (P.O. Box Number is Not Acceptable)			
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  SIGNATURE  FILING Fee is \$81.25  Due by May 1, 2007  FUND FILING Fee is \$81.25  Due by May 1, 2007  Trust Fund Contribution.  Added to Fees  FILING Fee is \$81.25  Due by May 1, 2007  Trust Fund Contribution.  Added to Fees  FILING Fee is \$81.25  Due by May 1, 2007  Trust Fund Contribution.  Added to Fees  FILING Fee is \$81.25  Due by May 1, 2007  Trust Fund Contribution.  Added to Fees  FILING Fee is \$81.25  Due by May 1, 2007  Trust Fund Contribution.  Added to Fees  FILING Fee is \$81.25  Due by May 1, 2007  Trust Fund Contribution.  Added to Fees  Filing Fee is \$81.25  Due by May 1, 2007  Trust Fund Contribution.  Added to Fees  Filing Fee is \$81.25  Due by May 1, 2007  Trust Fund Contribution.  Added to Fees  Filing Fee is \$81.25  Due by May 1, 2007  Trust Fund Contribution.  Added to Fees  Added to Fees  Filing Fee is \$81.25  Due by May 1, 2007  Trust Fund Contribution.  Added to Fees  Added to Fees  Filing Fee is \$81.25  Due by May 1, 2007  Trust Fund Contribution.  Added to Fees  Added	FORT MY	ERS, FL 33908		#B	) )			
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of pagetared agent.  SIGNATURE				FOR T	MUERS	FL Zip Code	<b>)</b> .	
SIGNATURE    Signature, hood or printed varied of implanted agent profile is appealable.   (NOTE Registered Agent signature recursed when remaking)   DATE	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							
Filing Fee Is \$61.25 Due by May 1, 2007  P. Election Campaign Financing Trust Fund Contribution.  Deficient State  10. OFFICERS AND DIRECTORS  III. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS III.  Deficient State  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS III.  DAY VAN SIZET  DAY VAN								
Trust Fund Contribution.   Added to Fees   Florida Department of State    10. OFFICERS AND DIRECTORS   11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10    ITILE   PD   DEBUTE   ITILE   ITILE   DEBUTE   ITI	SIGNATURE	Signature, typed or printed name of registered agent a	outle il applicable (NOTE	Registered Agent signe	ture required when reinstating)	9-72.07 DATE		
Trust Fund Contribution.   Added to Fees   Florida Department of State    10. OFFICERS AND DIRECTORS   11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10    ITILE   PD   DEBUTE   ITILE   ITILE   DEBUTE   ITI						Mala de la constant		
Title   NAME   STREET ADDRESS   STREET ADDRESS   CITY-ST-ZIP   Change   Addition   Add		_						
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STREET ADDRESS CITY-ST-ZIP N FORT MYERS, FL 33903  TITLE SD WILLIAMS; MARILYN STREET ADDRESS CITY-ST-ZIP N FORT MYERS, FL 33903  TITLE TD NAME STREET ADDRESS CITY-ST-ZIP N FORT MYERS, FL 33903  TITLE TD NAME STREET ADDRESS CITY-ST-ZIP N FORT MYERS, FL 33903  TITLE TD NAME STREET ADDRESS CITY-ST-ZIP N FORT MYERS, FL 33903  TITLE TD NAME STREET ADDRESS CITY-ST-ZIP N FORT MYERS, FL 33903  TITLE D NAME STREET ADDRESS CITY-ST-ZIP N FORT MYERS, FL 33903  TITLE D NAME STREET ADDRESS CITY-ST-ZIP N FORT MYERS, FL 33903  TOTAL  TITLE D NAME STREET ADDRESS CITY-ST-ZIP N FORT MYERS, FL 33903  TOTAL  TITLE D NAME STREET ADDRESS CITY-ST-ZIP N FORT MYERS, FL 33903  TOTAL  TOTAL  TOTAL  Change Addition AMAE STREET ADDRESS CITY-ST-ZIP NORTH FORT MYERS, FL 33903  TOTAL  Change Addition Addition NAME SALZBERGER, EMIL	1	'	Delete		•		Addition	
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TITLE D Change Addition NAME SALZBERGER, EMIL INLE NAME	1	NERO, MAGGIE	10					
	STREET ADDRESS	NERO, MAGGIE 524 TROPIC TERRACE GARDEN		STREET ADDRESS				
	STREET ADDRESS CITY-ST-ZIP	NERO, MAGGIE 524 TROPIC TERRACE GARDEN NORTH FORT MYERS, FL 33903	3	STREET ADDRESS CITY-ST-ZIP		☐ Change ☐	Addition	

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.

CITY-ST-ZIP

SIGNATURE: County Van Plant Elas Street

N FORT MYERS, FL 33903

4-19-07

239) 885-0969