

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

04-25-2007 90202 003 \*\*\*\*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**

40081724



2. Principal Place of Business - No P.O. Box #  
**14360 S Tamiami Trail**

3. Mailing Address  
**14360 S Tamiami Trail**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**4B**

**UNIT B**

City & State

City & State

**FORT MYERS FL**

**FORT MYERS FL**

Zip

Country

Zip

Country

**33912**

**USA**

**33912**

**USA**

03082007 Chg-NP CR2E037 (12/06)

4. FEI Number  
**59-1643819**

Applied For  
☐ Not Applicable

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

## 6. Name and Address of Current Registered Agent

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

## 7. Name and Address of New Registered Agent

Name **Paul J. Sapp**

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

**14360 S Tamiami Trail**

**#B**

City

**FORT MYERS**

FL

Zip Code

**33912**

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

*Paul J. Sapp*

Signature, typed or printed name of registered agent or officer if applicable

(NOTE: Registered Agent signature required when reinstating)

4-12-07

DATE

**Filing Fee is \$61.25  
Due by May 1, 2007**

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

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	BJORK, JOAN	
STREET ADDRESS	535 PANGOLA DRIVE	
CITY-ST-ZIP	N FORT MYERS, FL 33903	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	BARROWMAN, JACK	
STREET ADDRESS	857 PANGOLA DRIVE	
CITY-ST-ZIP	N FORT MYERS, FL 33903	
TITLE	SD	<input type="checkbox"/> Delete
NAME	WILLIAMS, MARILYN	
STREET ADDRESS	860 PANGOLA DRIVE	
CITY-ST-ZIP	N FORT MYERS, FL 33903	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	HIGGINS, JOHN	
STREET ADDRESS	503 PANGOLA DRIVE	
CITY-ST-ZIP	N FORT MYERS, FL 33903	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	NERO, MAGGIE	
STREET ADDRESS	524 TROPIC TERRACE GARDENS	
CITY-ST-ZIP	NORTH FORT MYERS, FL 33903	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SALZBERGER, EMIL	
STREET ADDRESS	517 PANGOLA DRIVE	
CITY-ST-ZIP	N FORT MYERS, FL 33903	

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PRESIDENT	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAN VAN SIET	
STREET ADDRESS	14360 S Tamiami Trail #B	
CITY-ST-ZIP	FORT MYERS FL 33912	
TITLE	TREASURER	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DENNIS NERO	
STREET ADDRESS	14360 S Tamiami Trail #B	
CITY-ST-ZIP	FORT MYERS FL 33912	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	V. PRESIDENT	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VERN WILLIAMS	
STREET ADDRESS	14360 S Tamiami Trail #B	
CITY-ST-ZIP	FORT MYERS FL 33912	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

*Dan Van Siet*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-12-07

DATE

(239) 985-0969

DAYTIME PHONE #