

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 734656

FILED
Feb 11, 2009
Secretary of State

Entity Name: TROPIC TERRACE GARDENS CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

14360 S TAMIAMI TRAIL
B
FORT MYERS, FL 33912 US

New Principal Place of Business:

Current Mailing Address:

14360 S TAMIAMI TRAIL
B
FORT MYERS, FL 33912 US

New Mailing Address:

FEI Number: 59-1643819 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

SAPP, PAUL
14360 S TAMIAMI TRAIL
B
FORT MYERS, FL 33912 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: VAN SLEET, DAN
Address: 14360 S TAMIAMI TRAIL B
City-St-Zip: FORT MYERS, FL 33912 US

Title: T () Delete
Name: NERO, DENNIS
Address: 14360 S TAMIAMI TRAIL B
City-St-Zip: FORT MYERS, FL 33912 US

Title: S () Delete
Name: WILLIAMS, MARILYN
Address: 860 PANGOLA DRIVE
City-St-Zip: N FORT MYERS, FL 33903 US

Title: D () Delete
Name: BLANCHETTE, BETTY JANE
Address: 14360 S TAMIAMI TRAIL B
City-St-Zip: FORT MYERS, FL 33912 US

Title: T (X) Delete
Name: CHAPRNKA, CONNIE
Address: 14360 S TAMIAMI TRAIL B
City-St-Zip: FORT MYERS, FL 33912

Title: D () Delete
Name: CARROLL, HELEN
Address: 14360 S TAMIAMI TRAIL B
City-St-Zip: FORT MYERS, FL 33912

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change () Addition
Name: CHAPRNKA, CONNIE
Address: 14360 S TAMIAMI TRAIL B
City-St-Zip: FORT MYERS, FL 33912 US

Title: S (X) Change () Addition
Name: SWEENEY, KATHLEEN
Address: 14360 S TAMIAMI TRAIL
City-St-Zip: FORT MYERS, FL 33912 US

Title: D (X) Change () Addition
Name: NERO, DENNIS
Address: 14360 S TAMIAMI TRAIL B
City-St-Zip: FORT MYERS, FL 33912 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PAUL L SAPP

Electronic Signature of Signing Officer or Director

REG

02/11/2009

Date