## 2003 UNIFORM BUSINESS REPORT (UBR)

## **DOCUMENT# 734656**

FILED May 10, 2003 Secretary of State

Entity Name: TROPIC TERRACE GARDENS CONDOMINIUM ASSOCIATION, INC.

| Current Principal Place of Business:   |                                       |                                     |              | New Principal Place of Business:   |                        |                       |                 |
|--|---------------------------------------|-------------------------------------|--------------|--|------------------------|-----------------------|-----------------|
| 1342 SE 46   | IONALLY YOU<br>8TH LN<br>RAL, FL 3390 |                                     |              |  |                        |                       |                 |
| Current Mailing Address:   |                                       |                                     |              | New Mailing Address:   |                        |                       |                 |
|  | IONALLY YOU                           | JRS                                 |              |  |                        |                       |                 |
| P.O. BOX<br>CAPE COI   | 100831<br>RAL, FL 3391                | O US                                |              |  |                        |                       |                 |
| FEI Number:  | 59-1643819                            | FEI Number Applied For ( )          | FEI Nun      | nber Not Appli   | icable ( )             | Certificate of Statu  | ıs Desired()    |
| Name and   | Address of 0                          | Current Registered Agent:           |              | Name and   | Address of             | New Registered A      | \gent:          |
| OLSON, BARBARA<br>PROFESSIONALLY YOURS<br>1342 SE 46TH ST SUITE#3<br>CAPE CORAL, FL 33904 US |                                       |                                     |              | CAMPBELL, PHILIP<br>PROFESSIONALLY YOURS<br>1342 SE 46TH ST SUITE#3<br>CAPE CORAL, FL 33904 US |                        |                       |                 |
|  | named entity<br>e of Florida.         | submits this statement for th       | ne purpose o | f changing it  | ts registered          | office or registered  | agent, or both, |
| SIGNATURE: PHILIP CAMPBELL   |                                       |                                     |              |  |                        | 05/10/2003            | 3               |
|  | Electron                              | nic Signature of Registered.        | Agent        |  |                        | Date                  |                 |
| OFFICERS AND DIRECTORS:  |                                       |                                     |              | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:   |                        |                       |                 |
| Title:<br>Name:<br>Address:<br>City-St-Zip:  | BJORK, JOAN<br>535 PANGOLA            | ) Delete<br>DRIVE<br>S, FL 33903 US |              | Title:<br>Name:<br>Address:<br>City-St-Zip:  | (                      | )Change ()Addition    |                 |
| Title:<br>Name:<br>Address:<br>City-St-Zip:  | BARROWMAN<br>857 PANGOLA              |                                     |              | Title:<br>Name:<br>Address:<br>City-St-Zip:  | (                      | ) Change ( ) Addition |                 |
| Title:<br>Name:<br>Address:<br>City-St-Zip:  | WILLIAMS, MA<br>860 PANGOLA           |                                     |              | Title:<br>Name:<br>Address:<br>City-St-Zip:  | (                      | ) Change ( ) Addition |                 |
| Title:<br>Name:<br>Address:<br>City-St-Zip:  | HIGGINS, JOH<br>503 PANGOLA           |                                     |              | Title:<br>Name:<br>Address:<br>City-St-Zip:  | (                      | ) Change ( ) Addition |                 |
| Title:<br>Name:<br>Address:<br>City-St-Zip:  | MCGOVERN, J<br>519 PANGOLA            |                                     |              | Title:<br>Name:<br>Address:<br>City-St-Zip:  | WOODWARD<br>536 PANGOL | ·                     |                 |
| Title:<br>Name:<br>Address:<br>City-St-Zip:  | SALZBERGER<br>517 PANGOLA             | ·                                   |              | Title:<br>Name:<br>Address:<br>City-St-Zip:  | (                      | ) Change ( ) Addition |                 |
|  | re u cu :                             |                                     | <b></b>      |  |                        |                       |                 |

I hereby certify that the information supplied with this filing does not qualify for the 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 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: JOAN BJORK PD 05/10/2003