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Mar 19 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **734698** (4)

1. Corporation Name
TROPIC TERRACE CONDOMINIUM ASSOCIATION, UNIT 150 O, INC.



Principal Place of Business 1500 TROPIC TERR NORTH FT. MYERS FL 33903	Mailing Address 1500 TROPIC TERR NORTH FT. MYERS FL 33903-5275
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3. Date Incorporated or Qualified 12/24/1975	3a. Date of Last Report 02/01/1996
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2. Principal Place of Business 21. Suite Apt #, etc. 22. City & State 23. Zip 24. Country	2a. Mailing Address 26. Suite, Apt #, etc. 27. City & State 28. Zip 29. Country	4. FEI Number 59-1644046	Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent COTTER, RICHARD T., P.A. 6100 ESTERO BLVD FT MYERS BEACH FL 33931	10. Name and Address of New Registered Agent 81. Name 82. Street Address (P.O. Box Number is Not Acceptable) 83. 84. City FL 85. Zip Code
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11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE VD	NAME HICKS, R. Member of Board	1.1 TITLE P	1.2 NAME Marshall, Bonnie
STREET ADDRESS 1501 TROPIC TERR.	CITY-ST-ZIP N. FT. MYERS FL	1.3 STREET ADDRESS 1502 TROPIC TERR	1.4 CITY-ST-ZIP N FT MYERS FL
TITLE VD	NAME FALLS, HAROLD F. Vice-President	2.1 TITLE D	2.2 NAME Hicks, R.
STREET ADDRESS APT 1513 TROPIC TERR.	CITY-ST-ZIP N FT MYERS, FL 00000	2.3 STREET ADDRESS 1501 Tropic Terr.	2.4 CITY-ST-ZIP N FT MYERS FL
TITLE SD	NAME MARSHALL, BONNIE President	3.1 TITLE D	3.2 NAME Falls, Harold F.
STREET ADDRESS APT 1502 TROPIC TERR	CITY-ST-ZIP N FT MYERS, FL 00000	3.3 STREET ADDRESS 1513 Tropic Terr	3.4 CITY-ST-ZIP N FT MYERS FL
TITLE VD	NAME LAMB, RICHARD Secretary	4.1 TITLE D	4.2 NAME Dominick, Floyd
STREET ADDRESS 1504 TROPIC TERR	CITY-ST-ZIP N FT MYERS FL	4.3 STREET ADDRESS 1523 Tropic Terr.	4.4 CITY-ST-ZIP N FT MYERS FL
TITLE VD	NAME Dominick, Floyd Member of Board	5.1 TITLE	5.2 NAME
STREET ADDRESS 1528 Tropic Terrace	CITY-ST-ZIP N. Ft. Myers, FL, 33903	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP
TITLE VD	NAME Whitehill, Caroline Member of Board	6.1 TITLE	6.2 NAME
STREET ADDRESS 1530 Tropic Terrace	CITY-ST-ZIP N. Ft. Myers, FL, 33903	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Bonnie Marshall 1-22-97 997-4637
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 005651

CR2E037 (9/96)