


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 07, 2005 8:00 am**  
**Secretary of State**

02-07-2005 90100 025 \*\*\*\*61.25

<b>DOCUMENT # 734698</b> 1. Entity Name <b>TROPIC TERRACE CONDOMINIUM ASSOCIATION, UNIT 1500, INC.</b>					
Principal Place of Business <b>1500 TROPIC TERR NORTH FT. MYERS, FL 33903</b>			Mailing Address <b>1500 TROPIC TERR NORTH FT. MYERS, FL 33903</b>		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number <b>59-1644046</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent  <b>FOUNTAIN, ARVARD 1526 TROPIC TERRACE NORTH FORT MYERS, FL 33903</b>				7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$61.25 Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
Make check payable to <b>Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>PAULETTE, FRANK</b> <b>1511 TROPIC TERRACE</b> <b>NORTH FORT MYERS, FL 33903</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/Pres <b>Don Cole</b> <b>1529 Tropic Terrace</b> <b>N. Fort Myers FL 33903</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <b>FOUNTAIN, ARVARD</b> <b>1526 TROPIC TERRACE</b> <b>N FORT MYERS, FL 33903</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Hcs Treas <b>Jack Kowley</b> <b>1535 Tropic Terrace</b> <b>N. Fort Myers FL 33903</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S <b>DOMINICK, VERA</b> <b>1528 TROPIC TERRACE</b> <b>N FORT MYERS, FL 33903</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director <b>Rosemarie Moeller</b> <b>1505 Tropic Terrace</b> <b>N. Fort Myers FL 33903</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>DOMINICK, FLOYD</b> <b>1528 TROPIC TERRACE</b> <b>N FT MYERS, FL</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T <b>FOUNTAIN, JUDITH</b> <b>1526 TROPIC TERRACE</b> <b>NORTH FORT MYERS, FL 33903</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <b>MEIERS, WM</b> <b>1531 TROPIC TERRACE</b> <b>N FT MYERS, FL</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I 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 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.					
<b>SIGNATURE:</b> <i>Arvard Fountain</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			<b>2-1-05 239-995-5620</b> Date Daytime Phone #		

30011644



02012005 Chg-NP CR2E037 (10/03)