


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 13, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # 734698**  
 1. Entry Name  
 TROPIC TERRACE CONDOMINIUM ASSOCIATION, UNIT 1500, INC.



Principal Place of Business 1500 TROPIC TERR NORTH FT. MYERS, FL 33903	Mailing Address 1500 TROPIC TERR NORTH FT. MYERS, FL 33903
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03072006 No Chg-NP CR2E037 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-1644046	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 FOUNTAIN, ARVARD  
 1526 TROPIC TERRACE  
 NORTH FORT MYERS, FL 33903

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when registering)

**Filing Fee is \$61.25**  
**Due by May 1, 2006**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP COLE, DON 1528 TROPIC TERRACE NORTH FORT MYERS, FL 33903
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FOUNTAIN, ARVARD 1526 TROPIC TERRACE N FORT MYERS, FL 33903
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DOMINICK, VERA 1526 TROPIC TERRACE N FORT MYERS, FL 33903
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DOMINICK, FLOYD 1528 TROPIC TERRACE N FT MYERS, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T FOUNTAIN, JUDITH 1526 TROPIC TERRACE NORTH FORT MYERS, FL 33903
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MEIERS, WM 1531 TROPIC TERRACE N FT MYERS, FL

**DO NOT WRITE IN THIS SPACE**

100000465199  
 03/22/06-80027-006 61.25

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 Arvond Fountain 3-7-06 239-9955620  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #