

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2007 8:00 am
Secretary of State

01-16-2007 90191 039 ****61.25

DOCUMENT # 734698

1. Entity 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



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01082007

Chg-NP

CR2E037 (12/06)

4. FEI Number
59-1644046

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FOUNTAIN, ARVARD
1526 TROPIC TERRACE
NORTH FORT MYERS, FL 33903

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by May 1, 2007

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE VP ☐ Delete
NAME COLE, DON
STREET ADDRESS 1529 TROPIC TERRACE
CITY-ST-ZIP NORTH FORT MYERS, FL 33903

TITLE P ☐ Delete
NAME FOUNTAIN, ARVARD
STREET ADDRESS 1526 TROPIC TERRACE
CITY-ST-ZIP N FORT MYERS, FL 33903

TITLE S ☐ Delete
NAME DOMINICK, VERA
STREET ADDRESS 1528 TROPIC TERRACE
CITY-ST-ZIP N FORT MYERS, FL 33903

TITLE D ☐ Delete
NAME DOMINICK, FLOYD
STREET ADDRESS 1528 TROPIC TERRACE
CITY-ST-ZIP N FT MYERS, FL

TITLE T ☐ Delete
NAME FOUNTAIN, JUDITH
STREET ADDRESS 1526 TROPIC TERRACE
CITY-ST-ZIP NORTH FORT MYERS, FL 33903

TITLE VP ☐ Delete
NAME MEIERS, WM
STREET ADDRESS 1531 TROPIC TERRACE
CITY-ST-ZIP N FT MYERS, FL

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE AIT JACK KOKLEY ☐ Change ☒ Addition
NAME 1534 Tropic Terrace
STREET ADDRESS N. Fort Myers, FL 33903
CITY-ST-ZIP

TITLE D Rosemarie Moeller ☐ Change ☒ Addition
NAME 1505 Tropic Terrace
STREET ADDRESS N. Fort Myers, FL 33903
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: *Arvand Fountain Pres*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-8-07 239-995-5620

Date

Daytime Phone #