

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 734698

FILED
Jan 06, 2009
Secretary of State

Entity Name: TROPIC TERRACE CONDOMINIUM ASSOCIATION, UNIT 1500, INC.

Current Principal Place of Business:

1500 TROPIC TERR
NORTH FT. MYERS, FL 33903

New Principal Place of Business:

Current Mailing Address:

1500 TROPIC TERR
NORTH FT. MYERS, FL 33903

New Mailing Address:

FEI Number: 59-1644046

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VP () Delete
Name: COLE, DON
Address: 1529 TROPIC TERRACE
City-St-Zip: NORTH FORT MYERS, FL 33903

Title: P () Delete
Name: FOUNTAIN, ARVARD
Address: 1526 TROPIC TERRACE
City-St-Zip: N FORT MYERS, FL 33903

Title: S () Delete
Name: DOMINICK, VERA
Address: 1528 TROPIC TERRACE
City-St-Zip: N FORT MYERS, FL 33903

Title: T () Delete
Name: FOUNTAIN, JUDITY
Address: 1526 TROPIC TERRACE
City-St-Zip: NORTH FORT MYERS, FL 33903

Title: VP () Delete
Name: MEIERS, WM
Address: 1531 TROPIC TERRACE
City-St-Zip: N FT MYERS, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: ARVARD K. FOUNTAIN

PRES

01/06/2009

Electronic Signature of Signing Officer or Director

Date