

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)


FILED
May 06, 2005 8:00 am
Secretary of State

05-06-2005 90095 037 ****61.25

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1st MOORE CR2E037 (10/04)

DOCUMENT # 734699					
1. Entity Name TROPIC TERRACE CONDOMINIUM ASSOCIATION, UNIT 1300, INC.					
Principal Place of Business 1300 TROPIC TERRACE NORTH FORT MYERS FL 33903		Mailing Address JWJ ASSOC. LLCRRACE 1059 NE PINE ISLAND RD. CAPE CORAL FL 33909 US			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-1647453	Applied For <input type="checkbox"/> Not Applicable
6. Name and Address of Current Registered Agent NUCKOLLS, HUGH PAUL 2263 MAIN ST. FORT MYERS FL				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW: FEE IS \$61.25 Due By May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make Check Payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WEBSTER, RAY 1302 TROPIC TERRACE N. FORT MYERS FL 33903	<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 LANSON, DAVID 1314 TROPIC TERRACE N. FORT MYERS FL 33903	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	VP LAWSON, DAVID 131 TROPIC TERRACE N. FORT MYERS FL 33903
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WEBSTER, LORRAINE 1302 TROPIC TERR. FORT MYERS FL 33903	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	S SANDY LEVESQUE 1314 TROPIC TERRACE N. FORT MYERS FL 33903
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SCHUTZ, SCOTT 1306 TROPIC TERRACE N. FORT MYERS FL 33903	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	T ROBERT LEVESQUE 1314 TROPIC TERRACE N. FORT MYERS FL 33903
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GAVIN, LUCILLE 1303 TROPIC TERRACE N. FORT MYERS FL 33903	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	D SULLIVAN, WILLIAM 1304 TROPIC TERRACE N. FORT MYERS FL 33903
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HETMANEK, JERRY 1311 TROPIC TERRACE N. FORT MYERS FL 33903	<input checked="" 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.

SIGNATURE: Sandy Levesque May 2nd 2005 458-7040
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #