


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 22, 2006 8:00 am
Secretary of State

03-22-2006 90024 008 ****61.25

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

Suite, Apt. #, etc.
 **Elaine M. Sundberg
 1309 Tropic Terrace
 NFT Meyers, FL 33903**

City & State

Zip Country Zip Country

1st MOORE CR2E037 (10/05)

4. FEI Number **59-1647453** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

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 Elaine M Sundberg, Treasurer DATE 2/25/06
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when registering)

FILE NOW: FEE IS \$61.25 Due By May 1, 2006

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	P	<input type="checkbox"/> Delete
NAME	WEBSTER, RAY	
STREET ADDRESS	1302 TROPIC TERRACE	
CITY-ST-ZIP	N. FORT MYERS FL 33903	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	LANSON, DAVID	
STREET ADDRESS	131 TROPIC TERRACE	
CITY-ST-ZIP	N. FORT MYERS FL 33903	
TITLE	S	<input type="checkbox"/> Delete
NAME	LEVESQUE, SANDY	
STREET ADDRESS	1314 TROPIC TERRACE	
CITY-ST-ZIP	FORT MYERS FL 33903	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	LEVESQUE, ROBERT	
STREET ADDRESS	1314 TROPIC TERRACE	
CITY-ST-ZIP	N. FORT MYERS FL 33903	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	GAVIN, LUCILLE	
STREET ADDRESS	1303 TROPIC TERRACE	
CITY-ST-ZIP	N. FORT MYERS FL 33903	
TITLE	D	<input type="checkbox"/> Delete
NAME	SULLIVAN, WILLIAM	
STREET ADDRESS	1304 TROPIC TERRACE	
CITY-ST-ZIP	N. FORT MYERS FL 33903	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAWSON, David	
STREET ADDRESS	1312 Tropic Terrace	
CITY-ST-ZIP	N. Ft Meyers, FL	
TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Elaine M. Sundberg	
STREET ADDRESS	1309 Tropic Terrace	
CITY-ST-ZIP	NFT Meyers, FL 33903	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Elaine M. Sundberg	
STREET ADDRESS	1309 Tropic Terrace	
CITY-ST-ZIP	NFT Meyers, FL 33903	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 Section 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 information.

SIGNATURE: Elaine M Sundberg DATE 2/25/06