2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#734699

FILED Feb 13, 2009 Secretary of State

Entity Name: TROPIC TERRACE CONDOMINIUM ASSOCIATION, UNIT 1300, INC.

Current P	rincipal Place of Business:	New Principal Place of Business:
	PIC TERRACE ORT MYERS, FL 33903	
Current M	lailing Address:	New Mailing Address:
1309 TRO	I. SUNDBERG PIC TERRACE ORT MYERS, FL 33903 US	ELAINE M. SUNDBERG 1307 TROPIC TERRACE NORTH FORT MYERS, FL 33903 US
FEI Number:	: 59-1647453 FEI Number Applied For ()	FEI Number Not Applicable () Certificate of Status Desired ()
Name and	d Address of Current Registered Agent:	Name and Address of New Registered Agent:
1309 TRO	RG, ELAINE M IPIC TERRACE ORT MYERS, FL 33903 US	SUNDBERG, ELAINE M 1307 TROPIC TERRACE NORTH FORT MYERS, FL 33903 US
	e named entity submits this statement for the pre e of Florida.	urpose of changing its registered office or registered agent, or both,
SIGNATUF	RE:	02/13/2009
	Electronic Signature of Registered Age	nt Date
OFFICERS	S AND DIRECTORS:	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:
Title: Name: Address: City-St-Zip:	P () Delete WEBSTER, RAY 1302 TROPIC TERRACE N. FORT MYERS, FL 33903	Title: () Change () Addition Name: Address: City-St-Zip:
Title: Name: Address: City-St-Zip:	VP () Delete LAWSON, DAVID 1312 TROPIC TERRACE N. FORT MYERS, FL 33903	Title: () Change () Addition Name: Address: City-St-Zip:
Title: Name: Address: City-St-Zip:	S () Delete LEVESQUE, SANDY 1314 TROPIC TERRACE FORT MYERS, FL 33903	Title: () Change () Addition Name: Address: City-St-Zip:
Title: Name: Address: City-St-Zip:	D () Delete LEVESQUE, ROBERT 1314 TROPIE TERRACE NORTH FORT MYERS, FL 33903	Title: D (X) Change () Addition Name: LEVESQUE, ROBERT Address: 1314 TROPIC TERRACE City-St-Zip: NORTH FORT MYERS, FL 33903
Title: Name: Address: City-St-Zip:	T () Delete SUNDBERG, ELAINE M 1307 TROPIE TERRACE NORTH FORT MYERS, FL 33903	Title: T (X) Change () Addition Name: SUNDBERG, ELAINE M Address: 1307 TROPIC TERRACE City-St-Zip: NORTH FORT MYERS, FL 33903
Title: Name:	D () Delete SULLIVAN, WILLIAM 1304 TROPIC TERRACE	Title: () Change () Addition Name: Address:

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: ELAINE SUNDBERG TREA 02/13/2009