


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2008 8:00 am
Secretary of State

04-02-2008 90035 050 ****61.25

DOCUMENT # 734755 1. Entity Name TROPIC TERRACE CONDOMINIUM ASSOCIATION, BUILDING 1000, INC.					
Principal Place of Business 14360 TAMIAMI TRAIL UNIT B FORT MYERS, FL 33912 US			Mailing Address 14360 TAMIAMI TRAIL UNIT B FORT MYERS, FL 33912 US		
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	4. FEI Number 59-1644740	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
P&M PROPERTY MANAGEMENT 14360 TAMIAMI TRAIL UNIT B FORT MYERS, FL 33912			Name Paul Sapp 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 <i>Paul Sapp</i>			DATE 1-28-08		
(NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$61.25 Due by May 1, 2008		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	VD		TITLE	VICE PRESIDENT / TREASURER <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DUBEY, ROBERT		NAME		
STREET ADDRESS	1002 TROPIC TERRACE		STREET ADDRESS		
CITY-ST-ZIP	N FORT MYERS, FL 33903		CITY-ST-ZIP		
TITLE	S <input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GARDINER, ORA		NAME		
STREET ADDRESS	159 E MARIANA AVE		STREET ADDRESS		
CITY-ST-ZIP	N FORT MYERS, FL 33903		CITY-ST-ZIP		
TITLE	PD <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DECHENE, MARLANE		NAME		
STREET ADDRESS	2120 SE 2ND ST		STREET ADDRESS		
CITY-ST-ZIP	CAPE CORAL, FL 33990		CITY-ST-ZIP		
TITLE	T <input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BAHRUTH, JOAN		NAME		
STREET ADDRESS	1004 TROPIC TERRACE		STREET ADDRESS		
CITY-ST-ZIP	FORT MYERS, FL 33903		CITY-ST-ZIP		
TITLE	D <input type="checkbox"/> Delete		TITLE	SECRETARY <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WILKE, ROBERT		NAME		
STREET ADDRESS	1010 TROPIC TERRACE		STREET ADDRESS		
CITY-ST-ZIP	FORT MYERS, FL 33903		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME			NAME	HENSEL, DOROTHY	
STREET ADDRESS			STREET ADDRESS	1012 TROPIC TERRACE	
CITY-ST-ZIP			CITY-ST-ZIP	FORT MYERS, FL 33903	
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: <i>Robert Wilke</i>			DATE: 3/11/08		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					