2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 11, 2009
Secretary of State

DOCUMENT# 734755

Entity Name: TROPIC TERRACE CONDOMINIUM ASSOCIATION, BUILDING 1000, INC.

Current Principal Place of Business:

14360 TAMIAMI TRAIL
UNIT B
FORT MYERS, FL 33912 US

New Principal Place of Business:

Current Mailing Address:

14360 TAMIAMI TRAIL
UNIT B
FORT MYERS, FL 33912 US

New Mailing Address:

FEI Number: 59-1644740 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SAPP, PAUL
14360 TAMIAMI TRAIL
UNIT B
FORT MYERS, FL 33912 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: VPT ( ) Delete
Name: DUBEY, ROBERT
Address: 1002 TROPIC TERRACE
City-St-Zip: N FORT MYERS, FL 33903 US

Title: PD ( ) Delete
Name: DECHENE, MARLANE
Address: 2120 SE 2ND ST
City-St-Zip: CAPE CORAL, FL 33990

Title: S ( ) Delete
Name: WILKE, ROBERT
Address: 1010 TROPIC TERRACE
City-St-Zip: FORT MYERS, FL 33903

Title: D ( ) Delete
Name: DOROTHY, HENSEL
Address: 1012 TROPIC TERRACE
City-St-Zip: FORT MYERS, FL 33903

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: DUBEY, ROBERT
Address: 1002 TROPIC TERRACE
City-St-Zip: N FORT MYERS, FL 33903 US

Title: VP (X) Change ( ) Addition
Name: DECHENE, MARLANE
Address: 14360 S TAMIAMI TRAIL
City-St-Zip: FORT MYERS, FL 33912

Title: T (X) Change ( ) Addition
Name: WILKE, ROBERT
Address: 1010 TROPIC TERRACE
City-St-Zip: FORT MYERS, FL 33903

Title: S (X) Change ( ) Addition
Name: DOROTHY, HENSEL
Address: 1012 TROPIC TERRACE
City-St-Zip: FORT MYERS, FL 33903

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: PAUL L SAPP REG 02/11/2009

Electronic Signature of Signing Officer or Director — Date