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Feb 12 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **735261** (0)

1. Corporation Name

**TROPIC TERRACE CONDOMINIUM ASSOCIATION, UNIT 140
O, INC.**

Principal Place of Business

Mailing Address

**IT 1400, INC.
1400 TROPIC TERRACE
NO. FORT MYERS FL 33903**

**IT 1400, INC.
1400 TROPIC TERRACE
NO. FORT MYERS FL 33903**

3. Date Incorporated or Qualified

03/15/1976

4. FEI Number

59-1704431

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MCGEOUGH, ALLYN J.
1423 TROPIC TERRACE
N. FT. MYERS FL 33903**

81 Name **WIESNER, JAMES**

82 Street Address (P.O. Box Number is Not Acceptable)
1424 TROPIC TERRACE

83

84 City **N FT MYERS**

FL 85 Zip Code **33903**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

James Wiesner
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when translating)

James Wiesner

2-2-98

DATE

12. OFFICERS AND DIRECTORS

TITLE **DP** ☒ DELETE
NAME **MCGEOUGH, ALLYN**
STREET ADDRESS **1423 TROPIC TERRACE**
CITY-ST-ZIP **N. FT. MYERS FL**

TITLE **D** ☒ DELETE
NAME **VERSON, ROSLYN**
STREET ADDRESS **1432 TROPIC TERRACE**
CITY-ST-ZIP **N. FT. MYERS FL**

TITLE **D** ☐ DELETE
NAME **GENDREAU, HARVEY**
STREET ADDRESS **1428 TROPIC TERRACE**
CITY-ST-ZIP **NO FORT MYERS FL**

TITLE **D** ☒ DELETE
NAME **SCRIBNER, WILDUN**
STREET ADDRESS **1407 TROPIC TERRACE**
CITY-ST-ZIP **NO FORT MYERS FL**

TITLE **DT** ☐ DELETE
NAME **GASSER, JEANETTE**
STREET ADDRESS **1402 TROPIC TERRACE**
CITY-ST-ZIP **N FT. MYERS FL**

TITLE **DS** ☒ DELETE
NAME **DEAETTE, FRANK**
STREET ADDRESS **1422 TROPIC TERRACE**
CITY-ST-ZIP **N FT. MYERS FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **DP** ☐ Change ☒ Addition
1.2 NAME **JAMES WIESNER**
1.3 STREET ADDRESS **1424 TROPIC TERRACE**
1.4 CITY-ST-ZIP **N FT MYERS, FL 33903**

2.1 TITLE **D** ☐ Change ☒ Addition
2.2 NAME **DORETTA MAURER**
2.3 STREET ADDRESS **1404 TROPIC TERRACE**
2.4 CITY-ST-ZIP **N FT MYERS, FL 33903**

3.1 TITLE **DV** ☐ Change ☒ Addition
3.2 NAME **DEANNA TOBIN**
3.3 STREET ADDRESS **1403 TROPIC TERRACE**
3.4 CITY-ST-ZIP **N FT MYERS, FL 33903**

4.1 TITLE **DS** ☐ Change ☒ Addition
4.2 NAME **ANNE VILCNEK**
4.3 STREET ADDRESS **1411 TROPIC TERRACE**
4.4 CITY-ST-ZIP **N FT MYERS, FL 33903**

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE **D** ☒ Change ☐ Addition
6.2 NAME **FRANK DEAETTE**
6.3 STREET ADDRESS **1422 TROPIC TERRACE**
6.4 CITY-ST-ZIP **N FT MYERS, FL 33903**

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Frank Deaette* **FRANK DEAETTE** 2/2/98 941-997-9871

CR2E037 (10/97)