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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 735261

1. Corporation Name

TROPIC TERRACE CONDOMINIUM ASSOCIATION, UNIT 140 0, 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

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 03/15/1976
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-1704431 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

WIESNER, JAMES
1424 TROPIC TERRACE
N. FT. MYERS FL 33903

10. Name and Address of New Registered Agent

81 Name

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

83

84 City **FL** 85 Zip Code

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	☒ DELETE	1.1 TITLE	PRESIDENT	☐ Change ☒ Addition
NAME	WIESNER, JAMES		1.2 NAME	DEANNA TOBIN	
STREET ADDRESS	1424 TROPIC TERRACE		1.3 STREET ADDRESS	1403 TROPIC TERRACE	
CITY-ST-ZIP	N. FT. MYERS FL 33903		1.4 CITY-ST-ZIP	N. FT. MYERS FL 33903	
TITLE	~~F~~ VP	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	MAURER, DORETTA		2.2 NAME		
STREET ADDRESS	1404 TROPIC TERRACE		2.3 STREET ADDRESS		
CITY-ST-ZIP	N. FT. MYERS FL 33903		2.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	GENDREAU, HARVEY		3.2 NAME		
STREET ADDRESS	1428 TROPIC TERRACE		3.3 STREET ADDRESS		
CITY-ST-ZIP	NO FORT MYERS FL		3.4 CITY-ST-ZIP		
TITLE	DS	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	VILCNEK, ANNE		4.2 NAME		
STREET ADDRESS	1411 TROPIC TERRACE		4.3 STREET ADDRESS		
CITY-ST-ZIP	NO FORT MYERS FL 33903		4.4 CITY-ST-ZIP		
TITLE	DT	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	GASSER, JEANETTE		5.2 NAME		
STREET ADDRESS	1402 TROPIC TERRACE		5.3 STREET ADDRESS		
CITY-ST-ZIP	N FT. MYERS FL		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	DEAETTE, FRANK		6.2 NAME		
STREET ADDRESS	1422 TROPIC TERRACE		6.3 STREET ADDRESS		
CITY-ST-ZIP	N FT. MYERS FL 33903		6.4 CITY-ST-ZIP		

CR2E037 (11/98)

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, with all other like empowered.

SIGNATURE: Deanna Tobin PRESIDENT Treasurer 2-3-99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #