2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2004
Secretary of State

DOCUMENT# 735261

Entity Name: TROPIC TERRACE CONDOMINIUM ASSOCIATION, UNIT 1400, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 59-1704431 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HAMNER, JAMES R
1412 TROPIC TERRACE
N. FT. MYERS, FL 33903 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: P ( ) Delete
Name: HAMNER, JAMES R
Address: 1412 TROPIC TERRANCE
City-St-Zip: N. FT. MYERS, FL 33903

Title: D ( ) Delete
Name: SIMON, JERALD
Address: 1410 TROPIC TERRCE
City-St-Zip: N. FT. MYERS, FL 33903

Title: DS ( ) Delete
Name: DOLLOFF, LEONA
Address: 1425 TROPIC TERRACE
City-St-Zip: NO FORT MYERS, FL

Title: DT ( ) Delete
Name: MCGEOUGH, CAROL
Address: 1434 TROPIC TERRACE
City-St-Zip: NORTH FORT MYERS, FL 33903

Title: DVP ( ) Delete
Name: TOBIN, DEANNA
Address: 1403 TROPIC TERRACE
City-St-Zip: N FT. MYERS, FL 33903

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: JAMES R HAMNER P 01/14/2004
Electronic Signature of Signing Officer or Director — Date