

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 01, 2007 8:00 am
Secretary of State

02-12-2007 90066 014 ****61.25

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DOCUMENT # 735261

1. Entity Name
**TROPIC TERRACE CONDOMINIUM ASSOCIATION, UNIT
1400, INC.**



Principal Place of Business
**IT 1400, INC.
1400 TROPIC TERRACE
NO. FORT MYERS, FL 33903**

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

66003414



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

01052007

Chg-NP

CR2E037 (12/06)

4. FEI Number
59-1704431

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**HAMNER, JAMES R
1412 TROPIC TERRACE
N. FT. MYERS, FL 33903**

7. Name and Address of New Registered Agent

Name

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

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

(NOTE: Registered Agent signature required when resigning)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **HAMNER, JAMES R**
STREET ADDRESS **1412 TROPIC TERRACE**
CITY-STATE-ZIP **N. FT. MYERS, FL 33903**

TITLE **D** ☐ Delete
NAME **WIESNER, JAMES**
STREET ADDRESS **1430 TROPIC TERR**
CITY-STATE-ZIP **N. FT. MYERS, FL 33903**

TITLE **D** ☒ Delete
NAME **DOLLOFF, LEONA**
STREET ADDRESS **1425 TROPIC TERRACE**
CITY-STATE-ZIP **NO FORT MYERS, FL**

TITLE **DT** ☐ Delete
NAME **MCGEOUGH, CAROL**
STREET ADDRESS **1434 TROPIC TERRACE**
CITY-STATE-ZIP **NORTH FORT MYERS, FL 33903**

TITLE **D** ☐ Delete
NAME **TOBIN, DEANNA**
STREET ADDRESS **1403 TROPIC TERRACE**
CITY-STATE-ZIP **N FT. MYERS, FL 33903**

TITLE **DVP** ☐ Delete
NAME **MAURER, DORETTA**
STREET ADDRESS **1404 TROPIC TERR**
CITY-STATE-ZIP **NORTH FORT MYERS, FL 33903**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **DS** ☐ Change ☒ Addition
NAME **Hornbaker, Dale**
STREET ADDRESS **1407 Tropic Terrace**
CITY-STATE-ZIP **N FT MYERS FL 33903**

TITLE **D** ☐ Change ☐ Addition
NAME **DALE HORNBAKER**
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

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.

James R Hamner **PRESIDENT TROPIC TERRACE 1400 CONDO ASSOCI**
JAMES R HAMNER **2-23-07**