

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2006 8:00 am
Secretary of State

04-06-2006 90023 039 ****61.25

DOCUMENT # 735288

1. Entity Name
**TROPIC TERRACE CONDOMINIUM ASSOCIATION,
UNITS 11 & 12, INC.**



Principal Place of Business
**1100 TROPIC TERRACE
NORTH FT MYERS, FL 33903 US**

Mailing Address
**C/O PROFESSIONALLY YOURS, INC
PO BOX 100831
CAPE CORAL, FL 33910 US**

50009586



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01112006 Chg-NP

CR2E037 (11/05)

4. FEI Number
59-1663415

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**TEAGUE, GEORGE
PROFESSIONALLY YOURS, INC.
8270 COLLEGE PKWY. #103
FORT MYERS, FL 33919**

Name
Sapp, Paul

Street Address (P.O. Box Number is Not Acceptable)
C/O P & M Property Management

15660 San Carlos Blvd. #40

City

Fort Myers

FL

Zip Code
33908

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

Paul Sapp

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
PORTH, ROBERT
1107 TOPIC TERRACE
FORT MYERS, FL 33903** ☒ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VD
GRACZ, DIANE
1115 TROPIC TERRACE
NORTH FORT MYERS, FL 33903** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
President ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TD
LOCKITT, JOHN F.
1205 TROPIC TERRACE
NORTH FORT MYERS, FL 33903** ☒ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
BONKO, PATRICIA
1110 TROPIC TERRACE
N. FT MYERS, FL 33903** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**Secretary/Treasurer
Jane Easton
Tropic Terrace
Fort Myers, FL 33903** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
BARNES, THOMAS
1216 TROPIC TERRACE
NORTH FORT MYERS, FL 33903** ☒ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SD
BARNES, NANCY
1216 TROPIC TERRACE
FORT MYERS, FL 33903** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Director ☒ Change ☐ Addition

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.

SIGNATURE:

Diane Gracz

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/4/06

Date

Daytime Phone #