


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 02, 2008 8:00 am**  
**Secretary of State**

04-02-2008 90035 049 \*\*\*\*61.25

<b>DOCUMENT # 735288</b> 1. Entity Name <b>TROPIC TERRACE CONDOMINIUM ASSOCIATION,          UNITS 11 &amp; 12, INC.</b>					
Principal Place of Business <b>14360 S TAMiami TRAIL          UNIT B          FORT MYERS, FL 33912 US</b>			Mailing Address <b>14360 S TAMiami TRAIL          UNIT B          FORT MYERS, FL 33912 US</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		01242008 Chg-NP CR2E037 (12/06)	
Zip		Country		4. FEI Number <b>59-1663415</b>	
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>SAPP, PAUL          C/O P &amp; M PROPERTY MANAGEMENT          14360 S TAMiami TRAIL UNIT B          FORT MYERS, FL 33912</b>				Name Street Address (P.O. Box Number is Not Acceptable) City	
				State <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$61.25          Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
		<b>Make check payable to          Florida Department of State</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P	<input checked="" type="checkbox"/> Delete	TITLE	President	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRACZ, DIANE		NAME	KEVIN TUCKER	
STREET ADDRESS	1115 TROPIC TERRACE		STREET ADDRESS	14360 S Tamiami Trail UNIT B	
CITY-ST-ZIP	NORTH FORT MYERS, FL 33903		CITY-ST-ZIP	FORT MYERS FL 33912	
TITLE	ST	<input checked="" type="checkbox"/> Delete	TITLE	VP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EASTON, JANE		NAME	Gloria Blanchette	
STREET ADDRESS	TROPIC TERRACE		STREET ADDRESS	14360 S Tamiami Trail UNIT B	
CITY-ST-ZIP	N. FT MYERS, FL 33903		CITY-ST-ZIP	FORT MYERS FL 33912	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	Secretary	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARNES, NANCY		NAME	Betty McManus	
STREET ADDRESS	1216 TROPIC TERRACE		STREET ADDRESS	14360 S Tamiami Trail UNIT B	
CITY-ST-ZIP	FORT MYERS, FL 33903		CITY-ST-ZIP	FORT MYERS FL 33912	
TITLE	P	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARNES, TOM		NAME		
STREET ADDRESS	14360 TAMiami TRAIL B		STREET ADDRESS		
CITY-ST-ZIP	FORT MYERS, FL 33912		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-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.					
<b>SIGNATURE:</b> <u>Elizabeth McManus</u>			Date <u>3/11/08</u>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone #		