2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2005
Secretary of State

DOCUMENT# N04000007147

Entity Name: TROPIC ISLES ELEMENTARY SCHOOL PARENT-TEACHER ORGANIZATION, INC.

Current Principal Place of Business:

5145 ORANGE GROVE BLVD.
NORTH FT. MYERS, FL 33903

New Principal Place of Business:

Current Mailing Address:

5145 ORANGE GROVE BLVD.
NORTH FT. MYERS, FL 33903

New Mailing Address:

FEI Number: 02-0605549 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BRYANT, DONALD
5145 ORANGE GROVE BLVD.
NORTH 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: D ( ) Delete
Name: BRYANT, DONALD
Address: 5145 ORANGE GROVE BLVD.
City-St-Zip: NORTH FT. MYERS, FL 33903

Title: PD ( ) Delete
Name: KAUFMAN, JENNIFER
Address: 708 MAY AVE.
City-St-Zip: NORTH FT. MYERS, FL 33903

Title: VD ( ) Delete
Name: HARRIS, TINA
Address: 1410 SW 9TH CT.
City-St-Zip: CAPE CORAL, FL 33991

Title: S ( ) Delete
Name: HUSSEY, SHAUN
Address: 1419 SE 22ND ST.
City-St-Zip: CAPE CORAL, FL 33990

Title: T ( ) Delete
Name: COWELS, LISA
Address: 322 NE 18TH PLACE
City-St-Zip: CAPE CORAL, FL 33909

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: VD (X) Change ( ) Addition
Name: WOLFF, LORA
Address: 5145 ORANGE GROVE BLVD.
City-St-Zip: NORTH FORT MYERS, FL 33903

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: JENNIFER KAUFMAN PD 04/25/2005

Electronic Signature of Signing Officer or Director — Date