

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION ANNUAL REPORT <b>1995</b>		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	--

**FILED**  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS

95 JAN 27 PM 4:07

**DOCUMENT # N08657 (1)**

1. Corporation Name  
**TROPIC TERRACE RECREATION ASSOCIATION OF LEE COUNTY, INC.**

Principal Place of Business C/O H W DORN BUSH, TREAS 842 PANGOLA DR N FT MYERS FL 33903	Mailing Address C/O H W DORN BUSH, TREAS 842 PANGOLA DR N FT MYERS FL 33903
--	--

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>04/09/1985</b>	3a. Date of Last Report <b>03/02/1994</b>
4. FEI Number <b>59-2525711</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	<b>\$68.75</b> Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

21. Principal Place of Business <b>46 John Myers</b>	26. Mailing Address <b>46 John Myers</b>
22. Suite, Apt. #, etc. <b>536 Pangola Dr.</b>	27. Suite, Apt. #, etc. <b>536 Pangola Dr.</b>
23. City & State <b>N. Ft. Myers FL</b>	28. City & State <b>N. Ft. Myers, FL</b>
24. Zip <b>33903</b>	25. Country <b>Lee</b>
29. Zip <b>33903</b>	30. Country <b>Lee</b>

9. Name and Address of Current Registered Agent

**VICTORY, JOAN**  
**1003 TROPIC TERRACE**  
**NORTH FORT MYERS FL 33903**

10. Name and Address of New Registered Agent

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
85. Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	VICTORY, JOAN
STREET ADDRESS	1003 TROPIC TERRACE
CITY - ST - ZIP	N FT MYERS FL
TITLE	DVC
NAME	REED, DONNA
STREET ADDRESS	518 PANGOLA DRIVE
CITY - ST - ZIP	N FT MYERS FL
TITLE	D
NAME	BONKO, PATRICIA
STREET ADDRESS	1110 TROPIC TERRACE
CITY - ST - ZIP	N. FT MEYERS FL
TITLE	T
NAME	DORN BUSH, HERB
STREET ADDRESS	842 PANGOLA DR.
CITY - ST - ZIP	N FT MYERS FL
TITLE	DVC
NAME	MESSERSCHMIDT, HENRY
STREET ADDRESS	1433 TROPIC TERR
CITY - ST - ZIP	FT. MYERS FL
TITLE	D
NAME	MARSHALL, LAVONNE
STREET ADDRESS	1502 TROPIC TERR
CITY - ST - ZIP	FT. MYERS FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Treasurer
4.3 STREET ADDRESS	John Myers
4.4 CITY - ST - ZIP	536 Pangola Dr.
	N. Ft. Myers, FL
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Herb W Dornbush Treasurer DATE: \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF BOARDING OFFICER OR DIRECTOR