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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996 DOCUMENT #
1. Corporation Name

N08657

(1)

TROPIC TERRACE RECREATION ASSOCIATION OF LEE COU NTY, INC.

						1976 1876 1876 1876 1876 1876	11 M 1 M 1	
Principal Pla	ace of Business	Mailing Address				i 1881 858U 818U 818 U 818U 838	II UTUII BIBA IUUI	
	N MEYERS	C/O JOHN MEYERS	}					
536 PANGOLA DR 536 PANGOLA DR.								
N FI MTE	EHS FL 33903	N FT MYERS FL 33: US	903		3. Date Incorporated or Qualified	3a. Date of Last	Poport	
		US			04/09/1985	01/27/	1995	
2. Principal	Place of Business	2a. Mailing Address				 -	Applied For	
וו		26			4. FEI Number 59-2525711	\vdash	Not Applicable	
Suite, Ap	pt. #, etc.	Suite, Apt. #, etc.				\$8.7	5 Additional	
27			5. Certificate of Status De			Required		
City & St	tate	City & State			6. Election Campaign Financing	- \$5.0	May Be	
i		28			Trust Fund Contribution	1 1	d to Fees	
Zip]	Country	Zip	Cot	untry	8. This corporation has liability for in	ntangible tax under s	. 199.032,	
L	25	29	30	•	—] Yes ☐ No		
	9. Name and Address of Curre	int Registered Agent		127	10. Name and Address of New Re	egistered Agent		
MOTO	NRV 1044			81 Name				
VICTORY, JOAN				82 Street Add	et Address (P.O. Box Number is Not Acceptable)			
1003 TROPIC TERRACE					Carlon A Da.		****	
NUKI	TH FORT MYERS FL 33903			83				
				84 City		85 Zi	n Code	
					ration submits this statement for the purp	FL III 4	p cons	
IGNATURE	Signature typed or printed name of registered agen		(NOTE: Registered	d Agent signature require	ed when reinstating)	DATE		
2.	· · · · · · · · · · · · · · · · · · ·	ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFI	CERS AND DIRECTO	DRS IN 12	
TLF	D DOTODY JOAN	DELETE	111)	ITLE PP	IZZO, TOM	☐ Change	Addition Addition	
AME	VICTORY, JOAN		12 N	IAME	314 TROPIC TERRAC	~		
reet addres			1.3 \$	TREE PRODUCTION	ald thought tourse	_		
TY-\$1-2IP	N FT MYERS FL		1.4 C	ITY-ST-ZIP				
LLE	I I I I I I I I I I I I I I I I I I I	[] or ere). FT. MYERS, FL			
AME	REED, DONNA	DELETE	2.1 Ti	ITLE D). FT. MYERS, FL	Change	Addition	
REET ADORES:	. F10 DANIZOLA DIDINE	DELETE	2.2 N	ITLE D). FT. MYERS, FL		Addition	
TY-ST-ZIP		DELETE	2.2 N 2.3 S	TREET ADDRESS	I. FT. MYERS, FL. ACGEOUGH ALLY 423 TROBBE TERR		Addition	
	N FT MYERS FL		2.2 N 2.3 S 2.4 C	THE DAME TREET ADDRESS OTTY-ST-ZIP	N. FT. MYERS, FL. N. GEOUGH ALLY 423 TROBOL TERR	IN ACE		
	N FT MYERS FL	☐ DELETE	2.2 N 2.3 S 2.4 C 3.1 T)	TREET ADDRESS OTY-ST-ZIP OTTLE	N. FT. MYERS, FL. N. GEOUGH ALLY 423 TROBOL TERR N. FT. MYERS, FL. REAS		Addition	
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ME Réet adores: (Y-ST-ZIP	N FT MYERS FL D BONKO, PATRICIA	DELETE	2.2 N. 2.3 S 2.4 C 3.1 TI 3.2 N. 3.3 S 3.4 C	ITLE D AME M ITREET ADDRESS D ITY-ST-ZIP D ITLE -7 AME M ITREET ADDRESS S ITY-ST-ZIP M ITREET ADDRESS S ITY-ST-ZIP M	N. FT. MYERS, FL. N. GEOUGH ALLY 423 TROBOL TERR N. FT. MYERS, FL. REAS	ACE ACTACHANGE	☐ Addition	
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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 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplier 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.

62 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

NAME

STREET ADDRESS

CITY-ST-ZIP

MARSHALL, LAVONNE

1502 TROPIC TERR

FT. MYERS FL

Treas)

2-5-96

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