

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N08657 (1)**

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



Principal Place of Business: **C/O JOHN MEYERS 536 PANGOLA DR N FT MYERS FL 33903**
Mailing Address: **C/O JOHN MEYERS 536 PANGOLA DR. N FT MYERS FL 33903 US**

3. Date Incorporated or Qualified: **04/09/1985**
3a. Date of Last Report: **01/27/1995**

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields with sub-headers for Suite, City & State, Zip, and Country.

4. FEI Number: **59-2525711**
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

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 (81-84)
81 Name: ~~XXXXXXXXXX~~
82 Street Address (P.O. Box Number is Not Acceptable): ~~XXXXXXXXXX~~
83 City: ~~XXXXXXXXXX~~
84 City: **N. FT. MYERS**, FL 85 Zip Code: ~~XXXXXXXXXX~~

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	11 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VICTORY, JOAN	12 NAME	PIZZO, TOM
STREET ADDRESS	1003 TROPIC TERRACE	13 STREET ADDRESS	1314 TROPIC TERRACE
CITY-ST-ZIP	N FT MYERS FL	14 CITY-ST-ZIP	N. FT. MYERS, FL
TITLE	DVC <input type="checkbox"/> DELETE	2.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	REED, DONNA	2.2 NAME	MC GEUGH, H. ALLYN
STREET ADDRESS	518 PANGOLA DRIVE	2.3 STREET ADDRESS	1423 TROPIC TERRACE
CITY-ST-ZIP	N FT MYERS FL	2.4 CITY-ST-ZIP	N. FT. MYERS, FL
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	TREAS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BONKO, PATRICIA	3.2 NAME	MYERS, JOHN
STREET ADDRESS	1110 TROPIC TERRACE	3.3 STREET ADDRESS	536 PANGOLA DR.
CITY-ST-ZIP	N. FT MEYERS FL	3.4 CITY-ST-ZIP	N. FT. MYERS, FL. 33903
TITLE	T <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DORNBUSH, HERB	4.2 NAME	
STREET ADDRESS	842 PANGOLA DR.	4.3 STREET ADDRESS	
CITY-ST-ZIP	N FT MYERS FL	4.4 CITY-ST-ZIP	
TITLE	DVC <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MESSERSCHMIDT, HENRY	5.2 NAME	
STREET ADDRESS	1433 TROPIC TERR	5.3 STREET ADDRESS	
CITY-ST-ZIP	FT. MYERS FL	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARSHALL, LAVONNE	6.2 NAME	
STREET ADDRESS	1502 TROPIC TERR	6.3 STREET ADDRESS	
CITY-ST-ZIP	FT. MYERS FL	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 119.07(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: **x John Meyers (Treas)** Date: **2-5-96** Daytime Phone #: **9956916**

CR2E037 (12/95)