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FILE NOW: FILING FEE IS \$61.25

FILED

Jan 24 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 33903-5219 US
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21 2. Principal Place of Business	2a. Mailing Address
Suite, Apt #, etc.	Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
25 Country	30 Country

3. Date Incorporated or Qualified 04/09/1985	3a. Date of Last Report 02/09/1996
4. FEI Number 59-2525711	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	D <input type="checkbox"/> DELETE
NAME	PIZZO, TOM <i>OR CAROL QUILLINAN</i>
STREET ADDRESS	1314 TROPIC TERRACE
CITY-ST-ZIP	NORTH FORT MYERS FL
TITLE	D <input type="checkbox"/> DELETE
NAME	MCGEOUGH, ALLYN
STREET ADDRESS	1423 TROPIC TERRACE
CITY-ST-ZIP	NORTH FORT MYERS FL
TITLE	1 <input type="checkbox"/> DELETE
NAME	MYERS, JOHN
STREET ADDRESS	536 PANGOLA DRIVE
CITY-ST-ZIP	NORTH FORT MYERS FL
TITLE	D <input type="checkbox"/> DELETE
NAME	MARSHALL, LAVONNE
STREET ADDRESS	1502 TROPIC TERR
CITY-ST-ZIP	FT. MYERS FL
TITLE	D <input type="checkbox"/> DELETE
NAME	BONKO, PATRICIA
STREET ADDRESS	1110 TROPIC TERR.
CITY-ST-ZIP	N.FT. MYERS, FL. 33903
TITLE	D <input type="checkbox"/> DELETE
NAME	REED, DONNA
STREET ADDRESS	518 PANGOLA DR.
CITY-ST-ZIP	N.FT MYERS, FL. 33903

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	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
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 does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Carol Quillinan* 1300 Van 7, 97 941-656-54
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0066048

CR2E037 (9/96)