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Apr 17 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



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  
4. FEI Number: 59-2525711  
Applied For: Not Applicable

2. Principal Place of Business: 21 540 Pangola Drive, Suite, Apt. #, etc.  
22 City & State: N Ft Myers, FL  
23 Zip: 33903, Country: USA  
24 33903, 25 USA  
2a. Mailing Address: 26 540 Pangola Drive, Suite, Apt. #, etc.  
27 City & State: N. Ft. Myers, FL  
28 Zip: 33903, Country: USA  
29 33903, 30 USA

5. Certificate of Status Desired:  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees  
7. Is this nonprofit corporation a homeowners association?  Yes  No  
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  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 Name: Betty B. Broadbent  
82 Street Address (P.O. Box Number is Not Acceptable): 1212 Tropic Terrace  
83  
84 City: N. Ft. Myers, FL 85 Zip Code: 33903

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, of 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: *Betty B. Broadbent* (Signature, typed or printed name of registered agent and title if applicable)  
BETTY B. BROADBENT (NOTE: Registered Agent signature required when reinstating)  
9 April '98 (DATE)

12. OFFICERS AND DIRECTORS	
TITLE: DC	<input checked="" type="checkbox"/> DELETE
NAME: QUILLINAN, CAROL	
STREET ADDRESS: 1314 TROPIC TERRACE	
CITY-ST-ZIP: NORTH FORT MYERS FL	
TITLE: D	<input checked="" type="checkbox"/> DELETE
NAME: MCGEOUGH, ALLYN	
STREET ADDRESS: 1423 TROPIC TERRACE	
CITY-ST-ZIP: NORTH FORT MYERS FL	
TITLE: T	<input checked="" 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 checked="" type="checkbox"/> DELETE
NAME: BONKO, PATRICIA	
STREET ADDRESS: 1110 TROPIC TERR	
CITY-ST-ZIP: N FT MYERS FL	
TITLE: D	<input checked="" type="checkbox"/> DELETE
NAME: REED, DONNA	
STREET ADDRESS: 518 PANGOLA DR	
CITY-ST-ZIP: N FT MYERS FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE: b/c	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME: Deanna Tobin	
1.3 STREET ADDRESS: 1403 Tropic Terrace	
1.4 CITY-ST-ZIP: N Ft Myers, FL 33903	
2.1 TITLE: D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME: Joan Victory	
2.3 STREET ADDRESS: 1003 Tropic Terrace	
2.4 CITY-ST-ZIP: N. Ft Myers, FL 33903	
3.1 TITLE: D/S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME: Phyllis M. Haines	
3.3 STREET ADDRESS: 1116 Tropic Terrace	
3.4 CITY-ST-ZIP: N. Ft. Myers, FL 33903	
4.1 TITLE: D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME:	
4.3 STREET ADDRESS:	
4.4 CITY-ST-ZIP:	
5.1 TITLE: D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME: Quillinan, Carol	
5.3 STREET ADDRESS: 1314 Tropic Terrace	
5.4 CITY-ST-ZIP: N. Ft. Myers, FL 33903	
6.1 TITLE: D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME: Marvin Widdel	
6.3 STREET ADDRESS: 524 Pangola Drive	
6.4 CITY-ST-ZIP: N. Ft Myers, FL 33903	

14. I 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: *Phyllis M. Haines* Phyllis M. Haines Apr. 9, 1998

CR2E037 (1/097)