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**Mar 04, 1999 8:00 am**  
**Secretary of State**

03-04-1999 90188 012 \*\*\*\*61.25

NONPROFIT  
 CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # N08657**

1. Corporation Name

**TROPIC TERRACE RECREATION ASSOCIATION OF LEE COUNTY, INC.**

Principal Place of Business

Mailing Address

540 PANGOLA DR  
 536 PANGOLA DR  
 N FT MYERS FL 33903  
 US

540 PANGOLA DR  
 536 PANGOLA DR.  
 N FT MYERS FL 33903  
 US



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

04/09/1985

22 City & State

27 City & State

4. FEI Number

Applied For

59-2525711

Not Applicable

23 Zip

Country

28 Zip

Country

5. Certificate of Status Desired

**\$8.75 Additional Fee Required**

24

25

29

30

6. Election Campaign Financing Trust Fund Contribution

**\$5.00 May Be Added to Fees**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BROADBENT, BETTY B**  
 1212 TROPIC TERRACE  
 NORTH FORT MYERS FL 33903

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **DC**  DELETE  
 NAME **TOBIN, DEANNA**  
 STREET ADDRESS **1403 TROPIC TERR**  
 CITY-ST-ZIP **NORTH FORT MYERS FL 33903**

1.1 TITLE  Change  Addition  
 1.2 NAME  
 1.3 STREET ADDRESS  
 1.4 CITY-ST-ZIP

TITLE **D**  DELETE  
 NAME **VICTORY, JOAN**  
 STREET ADDRESS **1003 TROPIC TERRACE**  
 CITY-ST-ZIP **NORTH FORT MYERS FL 33903**

2.1 TITLE  Change  Addition  
 2.2 NAME  
 2.3 STREET ADDRESS  
 2.4 CITY-ST-ZIP

TITLE **DS**  DELETE  
 NAME **HOINES, PHYLLIS M**  
 STREET ADDRESS **1116 TROPIC TERR**  
 CITY-ST-ZIP **NORTH FORT MYERS FL 33903**

3.1 TITLE  Change  Addition  
 3.2 NAME **JOHN BARROWMAN**  
 3.3 STREET ADDRESS **1216 Tropic Terrace**  
 3.4 CITY-ST-ZIP **NORTH FORT MYERS, FL 33903**

TITLE **D**  DELETE  
 NAME **MARSHALL, LAVONNE**  
 STREET ADDRESS **1502 TROPIC TERR**  
 CITY-ST-ZIP **FT. MYERS FL**

4.1 TITLE  Change  Addition  
 4.2 NAME  
 4.3 STREET ADDRESS  
 4.4 CITY-ST-ZIP

TITLE **D**  DELETE  
 NAME **QUILLINAM, CAROL**  
 STREET ADDRESS **1314 TROPIC TERR**  
 CITY-ST-ZIP **N FT MYERS FL 33903**

5.1 TITLE  Change  Addition  
 5.2 NAME **RAYMOND WEBSTER**  
 5.3 STREET ADDRESS **1305 TROPIC TERRACE**  
 5.4 CITY-ST-ZIP **NORTH FORT MYERS, FL 33903**

TITLE **D**  DELETE  
 NAME **WIDDEL, MARVIN**  
 STREET ADDRESS **524 PANGOLA DR**  
 CITY-ST-ZIP **N FT MYERS FL 33903**

6.1 TITLE  Change  Addition  
 6.2 NAME **RUTH KRONENBERG**  
 6.3 STREET ADDRESS **537 PANGOLA DRIVE**  
 6.4 CITY-ST-ZIP **NORTH FORT 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)(l), 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, with all other like empowered.

SIGNATURE:

*Deanna Tobin*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-11-99 94-656-0573  
 Date Daytime Phone #

CR2E037 (1/98)