

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 03, 2000 8:00 am
Secretary of State

03-03-2000 90244 037 ****61.25

DOCUMENT # N08657

1. Entity Name

TROPIC TERRACE RECREATION ASSOCIATION OF LEE COU

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 33903-5219
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2525711

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10.

OFFICERS AND DIRECTORS

11.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **BARROWMAN, JOHN**
 STREET ADDRESS **1216 TROPIC TERR**
 CITY-ST-ZIP **NORTH FORT MYERS FL 33903**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE Change Addition
 NAME **LAMB, RICHARD**
 STREET ADDRESS **1504 TROPIC TERRACE**
 CITY-ST-ZIP **N. FT. MYERS, FL 33903**

TITLE **D** Delete
 NAME **WEBSTER, RAYMOND**
 STREET ADDRESS **1305 TROPIC TERR**
 CITY-ST-ZIP **N FT MYERS FL 33903**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **KRONENBERG, RUTH**
 STREET ADDRESS **537 PANGOLA DR**
 CITY-ST-ZIP **N FT MYERS FL 33903**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

i2. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Deanna Tobin
DEANNA TOBIN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

941-656-0573

Daytime Phone #

CR2E037 (9/99)