

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 14, 2002 8:00 am
Secretary of State

03-14-2002 90309 025 ****61.25

0045554

DOCUMENT # N08657

1. Entity Name

TROPIC TERRACE RECREATION ASSOCIATION OF LEE COUNTY, INC.

Principal Place of Business

Mailing Address

540 PANGOLA DR
~~535 PANGOLA DR~~
 N FT MYERS FL 33903
 US

540 PANGOLA DR
~~535 PANGOLA DR~~
 N FT MYERS FL 33903
 US

2. Principal Place of Business

3. Mailing Address

540 PANGOLA DR

540 PANGOLA DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
N. FT MEYERS, FL

City & State
N. FT MEYERS FL

4. FEI Number
59-2525711

Applied For
 Not Applicable

Zip
33903

Country
LEE

Zip
33903

Country

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

NERO, MAGDALENA
~~524 PANGOLA DRIVE~~
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	<input type="checkbox"/> Delete
NAME	TOBIN, DEANNA	
STREET ADDRESS	1403 TROPIC TERR	
CITY-ST-ZIP	NORTH FORT MYERS FL 33903	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	VICTORY, JOAN	
STREET ADDRESS	1003 TROPIC TERRACE	
CITY-ST-ZIP	NORTH FORT MYERS FL 33903	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BONKO, PATRICIA	
STREET ADDRESS	1110 TROPIC TERRACE	
CITY-ST-ZIP	NORTH FORT MYERS FL 33903	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	LAMB, RICHARD	
STREET ADDRESS	1504 TROPIC TERRACE	
CITY-ST-ZIP	FORT MYERS FL 33903	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	LEVESQUE, ROBERT	
STREET ADDRESS	1314 TROPIC TERRACE	
CITY-ST-ZIP	N FT MYERS FL 33903	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	KOLANCHECK, ROBERT	
STREET ADDRESS	526 PANGOLA DRIVE	
CITY-ST-ZIP	N FT MYERS FL 33903	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RICHARD HANNAY	
STREET ADDRESS	1016 TROPIC TERRACE	
CITY-ST-ZIP	N. Ft. Myers, FL 33903	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CONRAD GRACZ	
STREET ADDRESS	1115 TROPIC TERRACE	
CITY-ST-ZIP	N. FT MYERS, FL 33903	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ARVARD FOUNTAIN	
STREET ADDRESS	1526 TROPIC TERRACE	
CITY-ST-ZIP	N. Ft. Myers, FL 33903	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RAYMOND WEBSTER	
STREET ADDRESS	1302 TROPIC TERRACE	
CITY-ST-ZIP	N. Ft. Myers, FL 33903	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JOAN BJORK	
STREET ADDRESS	535 PANGOLA DR	
CITY-ST-ZIP	N. Ft. Myers, FL 33903	

12. 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: *[Signature]* **DEANNA TOBIN** 2-17-02 941-656-0573
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)