


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90425 037 ****61.25

DOCUMENT # N08657					
1. Entity Name TROPIC TERRACE RECREATION ASSOCIATION OF LEE COUNTY, INC.					
Principal Place of Business 540 PANGOLA DR N FT MYERS, FL 33903 US		Mailing Address 540 PANGOLA DR N FT MYERS, FL 33903 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	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	DC	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	TOBIN, DEANNA		NAME		
STREET ADDRESS	1403 TROPIC TERR		STREET ADDRESS		
CITY-ST-ZIP	NORTH FORT MYERS, FL 33903		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	GARDNER, WILLIAM		NAME	PRESIDENT D MARLANE DUCHENE	
STREET ADDRESS	1007 TROPIC TERRACE		STREET ADDRESS	1914 TROPIC TERRACE	
CITY-ST-ZIP	NORTH FORT MYERS, FL 33903		CITY-ST-ZIP	N. FT. MYERS, FL 33903	
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GRACZ, DIANE		NAME		
STREET ADDRESS	1115 TROPIC TERRACE		STREET ADDRESS		
CITY-ST-ZIP	NORTH FORT MYERS, FL 33903		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	COLE, DONALD		NAME		
STREET ADDRESS	1526 TROPIC TERRACE		STREET ADDRESS		
CITY-ST-ZIP	FORT MYERS, FL 33903		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WEBSTER, RAYMOND		NAME		
STREET ADDRESS	1302 TROPIC TERRACE		STREET ADDRESS		
CITY-ST-ZIP	N FT MYERS, FL 33903		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BJORK, JOAN		NAME		
STREET ADDRESS	535 PANGOLA DR.		STREET ADDRESS		
CITY-ST-ZIP	N FT MYERS, FL 33903		CITY-ST-ZIP		
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: <i>Deanna Tobin</i>			Date: 4-28-05 Daytime Phone #: 239-656-0573		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		