


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 02, 2006 8:00 am**  
**Secretary of State**

05-02-2006 90156 048 \*\*\*\*61.25

<b>DOCUMENT # N08657</b>					
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		
4. FEI Number 59-2525711			Applied For Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			\$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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2006		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 type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	DUCHENE, MARLANE	NAME			
STREET ADDRESS	1014 TROPIC TERR	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	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 checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	BJORK, JOAN	NAME	VAN SLEET, DAN		
STREET ADDRESS	535 PANGOLA DR.	STREET ADDRESS	520 PANGOLA DR		
CITY-ST-ZIP	N FT MYERS, FL 33903	CITY-ST-ZIP	N FT MYERS FLA 33903		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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>Magdalena Nero</i>			Date: <i>4/28/06</i>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone #		

40077623



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