

**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Feb 14, 2007  
Secretary of State**

DOCUMENT# N08657

**Entity Name:** TROPIC TERRACE RECREATION ASSOCIATION OF LEE COUNTY, INC.

**Current Principal Place of Business:**

540 PANGOLA DR  
N FT MYERS, FL 33903 US

**New Principal Place of Business:**

524 PANGOLA DR  
N FT MYERS, FL 33903 US

**Current Mailing Address:**

540 PANGOLA DR  
N FT MYERS, FL 33903 US

**New Mailing Address:**

524 PANGOLA DR  
N FT MYERS, FL 33903 US

**FEI Number:** 59-2525711      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

NERO, MAGDALENA  
524 PANGOLA DRIVE  
NORTH FORT MYERS, FL 33903 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: DC ( ) Delete  
Name: TOBIN, DEANNA  
Address: 1403 TROPIC TERR  
City-St-Zip: NORTH FORT MYERS, FL 33903

Title: D ( ) Delete  
Name: DUCHENE, MARLANE  
Address: 1014 TROPIC TERR  
City-St-Zip: NORTH FORT MYERS, FL 33903

Title: D ( ) Delete  
Name: GRACZ, DIANE  
Address: 1115 TROPIC TERRACE  
City-St-Zip: NORTH FORT MYERS, FL 33903

Title: D ( ) Delete  
Name: COLE, DONALD  
Address: 1526 TROPIC TERRACE  
City-St-Zip: FORT MYERS, FL 33903

Title: D ( ) Delete  
Name: WEBSTER, RAYMOND  
Address: 1302 TROPIC TERRACE  
City-St-Zip: N FT MYERS, FL 33903

Title: D ( ) Delete  
Name: VAN SLEET, DAN  
Address: 820 PANGOLA DR  
City-St-Zip: SAINT PETERSBURG, FL 33703

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DEANNA TOBIN

D

02/14/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date