## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N08657

FILED Apr 30, 2008 Secretary of State

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

**Current Principal Place of Business: New Principal Place of Business:** 524 PANGOLA DR US N FT MYERS, FL 33903 **Current Mailing Address: 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: Name and Address of New Registered Agent: NERO, MAGDALENA 524 PANGOLA DRIVE NORTH FORT MYERS, FL 33903 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change ( ) Addition TOBIN, DEANNA TUCKER, KEVIN Name: Name: 1403 TROPIC TERR Address: 1101 TROPIC TERRACE Address: City-St-Zip: NORTH FORT MYERS, FL 33903 City-St-Zip: NORTH FORT MYERS, FL 33903 Title: () Delete Title: () Change () Addition DUCHENE, MARLANE Name: Name: Address: 1014 TROPIC TERR Address: City-St-Zip: NORTH FORT MYERS, FL 33903 City-St-Zip: Title: () Delete Title: () Change () Addition GRACZ, DIANE Name: Name: Address: 1115 TROPIC TERRACE Address: City-St-Zip: NORTH FORT MYERS, FL 33903 City-St-Zip: Title: Title: () Change () Addition ( ) Delete Name: COLE, DONALD Name: 1526 TROPIC TERRACE Address: Address: City-St-Zip: FORT MYERS, FL 33903 City-St-Zip: Title: () Delete Title: () Change () Addition WEBSTER, RAYMOND Name: Name: 1302 TROPIC TERRACE Address: Address: City-St-Zip: N FT MYERS, FL 33903 City-St-Zip: Title: () Delete Title: (X) Change ( ) Addition VAN SLEET, DAN VAN SLEET, DAN Name: Name: Address: 820 PANGOLA DR Address: 820 PANGOLA DR SAINT PETERSBURG, FL 33703 N FT MYERS, FL 33903 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: KEVIN TUCKER D 04/30/2008