

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08657

FILED
Apr 17, 2009
Secretary of State

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

Current Principal Place of Business:

524 PANGOLA DR
N FT MYERS, FL 33903 US

New Principal Place of Business:

14360 S. TAMIAMI TRAIL
UNIT B
FORT MYERS, FL 33912 US

Current Mailing Address:

524 PANGOLA DR
N FT MYERS, FL 33903 US

New Mailing Address:

14360 S TAMIAMI TRAIL
UNIT B
FT MYERS, FL 33912 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:

SAPP, PAUL
14360 S TAMIAMI TRAIL
UNIT B
FORT MYERS, FL 33912 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: PAUL SAPP

04/17/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DC (X) Delete
Name: TUCKER, KEVIN
Address: 1101 TROPIC TERRACE
City-St-Zip: NORTH FORT MYERS, FL 33903

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

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

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

Title: D (X) 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: N FT MYERS, FL 33903

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 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: PAUL SAPP

REG

04/17/2009

Electronic Signature of Signing Officer or Director

Date