

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 17, 2003 8:00 am
Secretary of State

03-17-2003 90657 017 ****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**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite

City & State

City

4. FEI Number **59-2525711**

Applied For
Not Applicable

Zip

Country

Zip

5. Certificate of Status Desired **\$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**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$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 NAME	DC TOBIN, DEANNA	<input type="checkbox"/> Delete
STREET ADDRESS	1403 TROPIC TERR	
CITY-ST-ZIP	NORTH FORT MYERS FL 33903	
TITLE NAME	D HANNAY, RICHARD	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	1016 TROPIC TERRACE	
CITY-ST-ZIP	NORTH FORT MYERS FL 33903	
TITLE NAME	D GRACZ, CONRAD	<input type="checkbox"/> Delete
STREET ADDRESS	1115 TROPIC TERRACE	
CITY-ST-ZIP	NORTH FORT MYERS FL 33903	
TITLE NAME	D FOUNTAIN, ARVARD	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	1526 TROPIC TERRACE	
CITY-ST-ZIP	FORT MYERS FL 33903	
TITLE NAME	D WEBSTER, RAYMOND	<input type="checkbox"/> Delete
STREET ADDRESS	1302 TROPIC TERRACE	
CITY-ST-ZIP	N FT MYERS FL 33903	
TITLE NAME	D BJORK, JOAN	<input type="checkbox"/> Delete
STREET ADDRESS	535 PANGOLA DR.	
CITY-ST-ZIP	N FT MYERS FL 33903	

TITLE NAME	SEC. SIMOO, DEANNA	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP	N.F. CRT MYERS FLA	
TITLE NAME	D GARDINER, WILLIAM	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	1000 TROPIC TERRACE	
CITY-ST-ZIP	NORTH FORT MYERS FLA 33903	
TITLE NAME	NERO, MAGGIE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	524 PANGOLA DR	
CITY-ST-ZIP	N. FORT MYERS FLA 33903	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
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:

(Signature)

02-25-03

CR2E037 (10/02)