

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 13, 2006 8:00 am**  
**Secretary of State**

02-13-2006 90015 001 \*\*\*\*61.25

**DOCUMENT # N20159**

1. Entity Name

**TROPICAL BREEZE AND MANASOTA BAY ESTATES  
OWNERS ASSOCIATION, INC.**



Principal Place of Business

**6069 MANA SOTA KEY RD  
ENGLEWOOD FL 34223  
US**

Mailing Address

**6069 MANASOTA KEY ROAD  
ENGLEWOOD FL 34223  
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/05)

4. FEI Number

**NO-T APPLICABLE**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**LAGREGO, LIZ  
6069 MANASOTA KEY RD  
ENGLEWOOD FL 34223**

7. Name and Address of New Registered Agent

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

*Elizabeth LaGrego*

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

(NOTE: Registered Agent signature required when reappointing)

**1/30/06**

DATE

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2006**

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

TITLE **D** ☐ Delete  
NAME **BOPITIYA, CHANDANA**  
STREET ADDRESS **6060 MANASOTA KEY ROAD**  
CITY-ST-ZIP **ENGLEWOOD FL**

TITLE **PD** ☐ Delete  
NAME **LAGREGO, RICHARD**  
STREET ADDRESS **6060 MANASOTA KEY ROAD**  
CITY-ST-ZIP **ENGLEWOOD FL 34223**

TITLE **D** ☐ Delete  
NAME **JURGAITIS, MICAHLS**  
STREET ADDRESS **2045 CYNTHIA DRIVE**  
CITY-ST-ZIP **TALLAHASSEE FL 32303**

TITLE **VD** ☐ Delete  
NAME **SEABROOKE, JIM**  
STREET ADDRESS **6095 MANASOTA KEY ROAD**  
CITY-ST-ZIP **ENGLEWOOD FL 34223**

TITLE **D** ☐ Delete  
NAME **STOLTZNER, JEAN**  
STREET ADDRESS **7395 MANASOTA KEY RD.**  
CITY-ST-ZIP **ENGLEWOOD FL 34223**

TITLE **D** ☐ Delete  
NAME **LAGREGO, LIZ**  
STREET ADDRESS **6069 MANASOTA KEY RD**  
CITY-ST-ZIP **ENGLEWOOD FL 34223**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☒ Change ☐ Addition  
NAME **LAGREGO, RICHARD**  
STREET ADDRESS **6069 MANASOTA KEY RD.**  
CITY-ST-ZIP **ENGLEWOOD, FL. 34223**

TITLE **TS** ☒ Change ☐ Addition  
NAME **LIZ LAGREGO**  
STREET ADDRESS **6069 MANASOTA KEY RD.**  
CITY-ST-ZIP **ENGLEWOOD FL 34223**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

*Elizabeth LaGrego*

**Elizabeth LaGrego 1/30/06**

**941 473-1885**