* *FILE NOW: FILING FEE IS \$61.25

NONPROFIT . CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

DOCUMENT #
1. Corporation Name

N96000001911 (4)

TERRAPIN WOOD PROPERTY OWNERS' ASSOCIATION, INC.

Mailing Address Principal Place of Business 2965 GRAND AVE. 2965 GRAND AVE. FT. MYERS FL 33901 FT. MYERS FL 33901-6118 3. Date Incorporated or Qualified 03/25/1996 3a. Date of Last Report 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 21, 26 65-0677989 Not Applicable Suite, Apt #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be \Box 23 28 Trust Fund Contribution Added to Fees Zιρ Country Zip Country 8. This corporation has liability for intangible tax under s. 199.032, Yes No 24 25 29 30 Florida Statutes 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name SAVAGE, BRYAN J 82 Street Address (P.O. Box Number is Not Acceptable) 2965 GRAND AVE. 83 FT. MYERS FL 33901 84 City Zip Code 85 11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. DELETE Change Addition 1.1 TITLE TITLE President SAVAGE, BRYAN J 1.2 NAME NAME Bryan J. Savage Director 2965 GRAND AVE. 1.3 STREET ADDRESS STREET ADDRESS 2965 Grand Avenue FT. MYPRS FL 33901 1.4 CITY-ST-ZIP CITY-ST-ZIP Ft Myers.FL DELETE 2.1 TITLE Change Addition TITLE Vice-President 2.2 NAME NAME Cynthia M. Pledger Director STREET ADDRESS 2.3 STREET ADORESS 7416 Dana Lin Circle CITY - ST - ZIP 2.4 CITY-ST-ZIP North Fort Myers, FL Addition DELETE TITLE 3.1 TITLE Secretary/Treasurer NAME 3.2 NAME Sharon K. Snyder Director **33 STREET ADDRESS** STREET ADDRESS 526 SE 24th Avenue CITY-ST-ZIP 3.4. CITY-ST-ZIP Cape Coral, FL 33990 Addition DELETE Change 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST - ZIP CITY-S1-ZIP DELETE Change ___ Addition 5.1 TITLE TITLE NAME 52 NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY - ST - 7IP DELETE 6.1 TITLE ☐ Change ___ Addition TITLE

6.2 NAME

14. I do 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 annual report or supplemental annual 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 perpendit or the receiver or though empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if chapted or of an attantion with an address.

6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

SIGNATURE: _

NAME STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR

January 14, 1997 941-332-1450

one # 0055779

FILED

Feb 28 1997 8:00am

Secretary of State