

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 06, 2006 8:00 am**  
**Secretary of State**

02-06-2006 90056 044 \*\*\*\*61.25

**60011631**



<b>DOCUMENT # N99000006092</b> 1. Entity Name <b>TROPHY CLUB AT THE STRAND CONDOMINIUM ASSOCIATION, INC.</b>					
Principal Place of Business <b>5672 STRAND CT STE 1 NAPLES, FL 34110</b>			Mailing Address <b>5672 STRAND CT STE 1 NAPLES, FL 34110</b>		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number <b>65-0954556</b>	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>ADAMS, JOSEPH E 14241 METROPOLIS AVE STE 100 FORT MYERS, FL 33912</b>				7. Name and Address of New Registered Agent  Name <b>MARLER, GREGORY W., ESQ.</b> Street <b>BECKER &amp; POLLAKOFF</b> City <b>BANK OF AMERICA CENTER 4501 TAMiami TRAIL NORTH SUITE 214 NAPLES, FL 34103</b> State <b>FL</b> 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 <u><i>Gregory W. Marler, Esq.</i></u> <small>Signature, typed or printed name of registered agent and title if applicable</small>		<u><i>Gregory W. Marler, Esq.</i></u> <small>(NOTE: Registered Agent signature required when reinstating)</small>		<u><i>1-18-06</i></u> <small>DATE</small>	
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BUTLER, JAMES 6025 TROPHY DR # 403 NAPLES, FL 34110	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D AHLQUIST, RICHARD 5983 TROPHY DRIVE #1504 NAPLES, FLORIDA 34110	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TESSMER, RICHARD 5983 TROPHY DRIVE # 1502 NAPLES, FL 34110	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP STROM, JERRY 5959 TROPHY DRIVE #2101 NAPLES, FL 34110	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP STROM, JERRY 5959 TROPHY DRIVE #2101 NAPLES, FL 34110	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP STROM, JERRY 5959 TROPHY DRIVE #2101 NAPLES, FLORIDA 34110	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.					
<b>SIGNATURE:</b> <u><i>Jerry Strom</i></u> <u><i>1/21/06</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					