

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 20, 2007 8:00 am
Secretary of State

02-20-2007 90055 009 ****61.25

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1. Entity Name
**TROPHY CLUB AT THE STRAND CONDOMINIUM
ASSOCIATION, INC.**



Principal Place of Business
5672 STRAND CT
STE 1
NAPLES, FL 34110

Mailing Address
5672 STRAND CT
STE 1
NAPLES, FL 34110

2. Principal Place of Business - No P.O. Box #
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
Zip Country

City & State
Zip Country

40021668



01312007 Chg-NP CR2E037 (12/06)

4. FEI Number
65-0954556

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**MARLER, GREGORY W ESQ
BANK OF AMERICA CENTER
4501 TAMiami TR N. SUITE 214
NAPLES, FL 34103**

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 _____
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

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 **AHLOGIST, RICHARD**
STREET ADDRESS **5983 TROPHY DR SUITE 1504**
CITY-ST-ZIP **NAPLES, FL 34110**

TITLE **D** ☐ Delete
NAME **TESSMER, RICHARD**
STREET ADDRESS **5983 TROPHY DRIVE # 1502**
CITY-ST-ZIP **NAPLES, FL 34110**

TITLE **DR** ☒ Delete
NAME **STROM, JERRY**
STREET ADDRESS **5959 TROPHY DR #2101**
CITY-ST-ZIP **NAPLES, FL 34110**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **T** ☒ Change ☐ Addition
NAME **AHLQUIST, RICHARD**
STREET ADDRESS **5983 TROPHY DR # 1504**
CITY-ST-ZIP **NAPLES, FL 34110**

TITLE **P** ☒ Change ☐ Addition
NAME **TESSMER, RICHARD**
STREET ADDRESS **5983 TROPHY DR # 1502**
CITY-ST-ZIP **NAPLES, FL 34110**

TITLE **D** ☐ Change ☒ Addition
NAME **ZURROW, MIKE**
STREET ADDRESS **6009 TROPHY DR # 801**
CITY-ST-ZIP **NAPLES, FL 34110**

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 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.

SIGNATURE:

Rich TESSMER 2-13-07 239-254-9396
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #