

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 12, 2007 08:00 A
Secretary of State

DOCUMENT # P02000005425

1. Entity Name
TROPIC ISLE REALTY, INC.



Principal Place of Business
8421 MAIN STREET
BOKEELIA, FL 33922

Mailing Address
800 S. OSPREY AVENUE
SARASOTA, FL 34236



01032007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
01-0592462

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

SUPLEE, T. R
46 N. WASHINGTON BLVD., #1
SARASOTA, FL 34236

**DO NOT WRITE
IN THIS SPACE**

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 \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

000000585722
01/16/07-80024-015 150.00

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
GUNTHER, ROBERT
1208 N. CASEY KEY RD.
SARASOTA, FL 34236

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V
GUNTHER, JANE
1208 N. CASEY KEY RD.
SARASOTA, FL 34236

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
T
ROCKLEIN, JOSEPH E III
800 S. OSPREY AVENUE
SARASOTA, FL 34236

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V
KARTUNNEN, TIMO
16352 BUCCANEER STREET
BOKEELIA, FL 33922

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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 607, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/8/07

Date

Daytime Phone #