## 2022 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

**DOCUMENT# 734656** 

Entity Name: TROPIC TERRACE GARDENS CONDOMINIUM ASSOCIATION,

**Current Principal Place of Business:** 

C/O MYTOWN COMMUNITIES 2830 WINKLER AVE #101 FORT MYERS, FL 33916

## **Current Mailing Address:**

C/O MYTOWN COMMUNITIES 2830 WINKLER AVE #101 FORT MYERS, FL 33916 US

FEI Number: 59-1643819 Certificate of Status Desired: No.

## Name and Address of Current Registered Agent:

KELLOGG, CODY L C/O MYTOWN COMMUNITIES 2830 WINKLER AVE #101 FORT MYERS, FL 33916 US

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.

SIGNATURE: CODY L. KELLOGG 05/10/2022

> Date Electronic Signature of Registered Agent

Officer/Director Detail :

Title **PRESIDENT** Title **TREASURER** 

TSOUTSOURIS, NANCY BOARDMAN, CINDY Name Name

C/O MYTOWN COMMUNITIES C/O MYTOWN COMMUNITIES Address Address

2830 WINKLER AVE #101 2830 WINKLER AVE #101

City-State-Zip: FORT MYERS FL 33916 City-State-Zip: FORT MYERS FL 33916

Title **SECRETARY** Title DIRECTOR

TRIBOUT, DENNIS Name Name DANIELS, DEBRA

C/O MYTOWN COMMUNITIES C/O MYTOWN COMMUNITIES Address Address

> 2830 WINKLER AVE #101 2830 WINKLER AVE #101

FORT MYERS FL 33916 City-State-Zip: FORT MYERS FL 33916 City-State-Zip:

Title Title **DIRECTOR** 

Name WILLIAMS, VERN Name NIVILLE, FRANK

C/O MYTOWN COMMUNITIES C/O MYTOWN COMMUNITIES Address Address

> 2830 WINKLER AVE #101 2830 WINKLER AVE #101

City-State-Zip: FORT MYERS FL 33916 City-State-Zip: FORT MYERS FL 33916

Title DIRECTOR Title MANAGER

Name DOHERTY, DEBORAH Name KELLOGG, CODY L

C/O MYTOWN COMMUNITIES C/O MYTOWN COMMUNITIES Address Address 2830 WINKLER AVE #101

2830 WINKLER AVE #101

**FILED** 

May 10, 2022

Secretary of State 0172345871CC

City-State-Zip: FORT MYERS FL 33916 City-State-Zip: FORT MYERS FL 33916

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

05/10/2022 SIGNATURE: TSOUTSOURIS, NANCY PRESIDENT