2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 734656

Entity Name: TROPIC TERRACE GARDENS CONDOMINIUM ASSOCIATION,

INC.

Jan 29, 2024 Secretary of State 0201734681CC

FILED

Current Principal Place of Business:

C/O RAL RESORT & PROPERTY MANAGEMENT, INC. 17810 SAN CARLOS BLVD FORT MYERS BEACH, FL 33931

Current Mailing Address:

C/O RAL RESORT & PROPERTY MANAGEMENT, INC. 17810 SAN CARLOS BLVD FORT MYERS BEACH, FL 33931 US

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

Name and Address of Current Registered Agent:

HAGAR, MAGDELAINA C/O RAL RESORT & PROPERTY MANAGEMENT, INC. 17810 SAN CARLOS BLVD FORT MYERS BEACH, FL 33931 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: MAGDELAINA HAGAR 01/29/2024

> Date Electronic Signature of Registered Agent

Officer/Director Detail:

Name

Title **PRESIDENT** Title DIRECTOR TSOUTSOURIS, NANCY Name Name BRUNO, LOU

Address C/O RAL RESORT & PROPERTY Address C/O RAL RESORT & PROPERTY

> MANAGEMENT, INC. MANAGEMENT, INC. 17810 SAN CARLOS BLVD 17810 SAN CARLOS BLVD

FORT MYERS BEACH FL 33931 FORT MYERS BEACH FL 33931 City-State-Zip: City-State-Zip:

Title DIRECTOR Title DIRECTOR

Name BRANDON, NORM Name VELTMAN, PETER

Address C/O RAL RESORT & PROPERTY Address C/O RAL RESORT & PROPERTY

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FORT MYERS BEACH FL 33931 FORT MYERS BEACH FL 33931 City-State-Zip: City-State-Zip:

Title VP Title DIRECTOR WILLIAMS, VERN NIVILLE, FRANK

C/O RAL RESORT & PROPERTY C/O RAL RESORT & PROPERTY Address Address

> MANAGEMENT, INC. MANAGEMENT, INC.

> 17810 SAN CARLOS BLVD 17810 SAN CARLOS BLVD

Name

City-State-Zip: FORT MYERS BEACH FL 33931 City-State-Zip: FORT MYERS BEACH FL 33931

Title SECRETARY, TREASURER Title MANAGER

Name DOHERTY, DEBORAH Name HAGAR, MAGDELAINA

Address C/O RAL RESORT & PROPERTY Address C/O RAL RESORT & PROPERTY

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FORT MYERS BEACH FL 33931 FORT MYERS BEACH FL 33931 City-State-Zip: City-State-Zip:

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.

01/29/2024 SIGNATURE: MAGDELAINA HAGAR **MANAGER**