## 2025 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 735261** 

Entity Name: TROPIC TERRACE CONDOMINIUM ASSOCIATION, UNIT 1400,

INC.

**FILED** Feb 22, 2025 **Secretary of State** 4719099436CC

## **Current Principal Place of Business:**

C/O D & D ASSOCIATION SERVICES, LLC 11000 METRO PARKWAY #4 FORT MYERS, FL 33966

## **Current Mailing Address:**

C/O D & D ASSOCIATION SERVICES, LLC 11000 METRO PARKWAY #4 FORT MYERS, FL 33966 US

FEI Number: 59-1704431 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

DEBONIS, DAWN C/O D & D ASSOCIATION SERVICES, LLC 11000 METRO PARKWAY #4 FORT MYERS, FL 33966 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: DAWN DEBONIS 02/22/2025

> Date Electronic Signature of Registered Agent

Officer/Director Detail:

Title Title DIRECTOR

KOPPES, BOB MARTINEZ, MARIA Name Name

Address C/O D & D ASSOCIATION SERVICES, Address C/O D & D ASSOCIATION SERVICES

11000 METRO PARKWAY #4 11000 METRO PARKWAY #4

FORT MYERS FL 33966 City-State-Zip: FORT MYERS FL 33966 City-State-Zip:

Title **PRESIDENT** Title **TREASURER** Name **BOCHNIARZ, TONY** Name GRIFFIN, MARY

Address C/O D & D ASSOCIATION SERVICES, Address C/O D & D ASSOCIATION SERVICES, LLC LLC

11000 METRO PARKWAY #4 11000 METRO PARKWAY #4

FORT MYERS FL 33966 FORT MYERS FL 33966 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.