


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 30, 2007 8:00 am
Secretary of State

03-30-2007 90130 024 ****61.25

DOCUMENT # N02000001936

1. Entity Name
TERRACE IV AT CEDAR HAMMOCK ASSOCIATION, INC.




Principal Place of Business
**12734 KENWOOD LANE, SUITE 49
 FT. MYERS, FL 33907**

Mailing Address
**12734 KENWOOD LANE, SUITE 49
 FT. MYERS, FL 33907**

2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country



03062007 Chg-NP CR2E037 (12/06)

4. FEI Number
03-0466797

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**TROPICAL ISLES MANAGEMENT
 12734 KENWOOD LANE
 SUITE 49
 FORT MYERS, FL 33907**

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 _____ (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 VP S/T	NAME CARMODY, LYNN	STREET ADDRESS 1216 NOTRE DAME DR.	CITY-ST-ZIP LEMONT, IL 60439	<input type="checkbox"/> Delete
TITLE STD	NAME O'SHAUGHNESSY, JOSEPH	STREET ADDRESS 70 ELY WAY	CITY-ST-ZIP LONGMEADOW, MA 001161800	<input checked="" type="checkbox"/> Delete
TITLE PD	NAME GOBRON, JACK	STREET ADDRESS 49 COTTONWOOD DR.	CITY-ST-ZIP STOUGHTON, MA 02067	<input checked="" type="checkbox"/> Delete
TITLE ASM	NAME ROEDDING, DON	STREET ADDRESS 12734 KENWOOD LANE	CITY-ST-ZIP FORT MYERS, FL 33907	<input checked="" type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VP	NAME JOHN FRANZINI	STREET ADDRESS 3780 SANGRASS WAY # 3331	CITY-ST-ZIP NAPLES, FL 34112	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE P	NAME MARY LAWRENCE	STREET ADDRESS 3790 SANGRASS WAY # 3226	CITY-ST-ZIP NAPLES, FL 34112	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Mary Lawrence **03/07/07**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #