


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 25, 2008 8:00 am
Secretary of State

02-25-2008 90070 041 ****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 #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 03-0466797		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
TROPICAL ISLES MANAGEMENT 12734 KENWOOD LANE SUITE 49 FORT MYERS, FL 33907		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 \$84.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: ST NAME: CARMODY, LYNN STREET ADDRESS: 1216 NOTRE DAME DR. CITY-ST-ZIP: LEMONT, IL 60439	<input type="checkbox"/> Delete	TITLE: <i>VP</i> NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: VP NAME: FRANZINIX, JOHN STREET ADDRESS: 3780 SAWGRASS WAY #3331 CITY-ST-ZIP: NAPLES, FL 34112	<input checked="" type="checkbox"/> Delete	TITLE: <i>S/T</i> NAME: BOB SCHIAYO STREET ADDRESS: 3780 SAWGRASS WAY # 3228 CITY-ST-ZIP: NAPLES, FL 34112	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: P NAME: LAWRENCE, MARY STREET ADDRESS: 3790 SAWGRASS WAY #3226 CITY-ST-ZIP: NAPLES, FL 34112	<input checked="" type="checkbox"/> Delete	TITLE: CARRI PARRISH NAME: 3780 SAWGRASS WAY # 3228 STREET ADDRESS: NAPLES, FL 34112 CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: ASM NAME: ROEDDING, DON STREET ADDRESS: 12734 KENWOOD LANE CITY-ST-ZIP: FORT MYERS, FL 33907	<input checked="" type="checkbox"/> Delete	TITLE: <i>PRES</i> NAME: THERESA UNSWORTH STREET ADDRESS: 3780 SAWGRASS WAY # 3231 CITY-ST-ZIP: NAPLES, FL 34112	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Delete	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"/> Delete	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: <i>[Signature]</i>		Date: 2/11/08	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	