

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 02, 2003 8:00 am
Secretary of State

05-05-2003 90334 015 ****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

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 ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**SWALM & BOURGEOIS, PA
2375 TAMiami TRAIL N., SUITE 308
NAPLES FL 34103**

7. Name and Address of New Registered Agent

Name **Tropical Isles Management**
Street Address (P.O. Box Number is Not Acceptable)

**12734 Kenwood Lane, Suite 49
City Ft. Myers FL Zip Code 33907**

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

[Signature]

DON ROEDDING, CAM

4/14/03

Signature, typed or printed name of registered agent and title is applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

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 **D** ☒ Delete
NAME **SPECTOR, GAIL**
STREET ADDRESS **10481 SIX MILE CYPRESS PKWY.**
CITY-ST-ZIP **FT. MYERS FL 33912**

TITLE **D** ☒ Delete
NAME **MCMURRAY, DARIN**
STREET ADDRESS **10481 SIX MILE CYPRESS PKWY.**
CITY-ST-ZIP **FT. MYERS FL 33912**

TITLE **D** ☒ Delete
NAME **BURNS, ALAN R**
STREET ADDRESS **10481 SIX MILE CYPRESS PKWY.**
CITY-ST-ZIP **FT. MYERS FL 33912**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **P, D** ☐ Change ☒ Addition
NAME **Lynn Carmody**
STREET ADDRESS **1216 Notre Dame Dr.**
CITY-ST-ZIP **Lemont, IL 60439**

TITLE **VP, D** ☐ Change ☒ Addition
NAME **Joseph O'Shaughnessy**
STREET ADDRESS **70 Ely Way**
CITY-ST-ZIP **Longmeadow, MA 00116-1800**

TITLE **T, D** ☐ Change ☒ Addition
NAME **Jack Gobron**
STREET ADDRESS **49 Cottonwood Dr.**
CITY-ST-ZIP **Stoughton, MA 02067**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

[Signature] **REQUIRED k Gobron**

4/23/03

(235) 348-3723

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/02)