
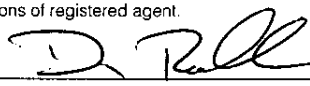
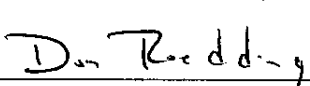
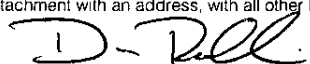
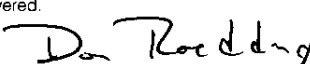


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2004 8:00 am
Secretary of State

05-05-2004 90201 002 ****61.25

DOCUMENT # N02000006287					
1. Entity Name TERRACE V 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		4. FEI Number 51-0427887	
Zip		Country		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			
SWALM & BOURGEOU, P.A. 2375 TAMiami TRAIL N. SUITE 308 NAPLES, FL 34103		TROPICAL ISLES MANAGEMENT 12734 Kenwood Ln., #49 Ft. Myers, FL 33907			
				L 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 		SIGNATURE 		DATE 4/29/04	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)		DATE	
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SPECTOR, GAIL		NAME	William Archer	
STREET ADDRESS	10481 SIX MILE CYPRESS PKWY		STREET ADDRESS	3770 Sawgrass Way, #3441	
CITY-ST-ZIP	FT. MYERS, FL 33912		CITY-ST-ZIP	Naples, FL 34112	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MCMURRAY, DARIN		NAME	Tom Doyle	
STREET ADDRESS	10481 SIX MILE CYPRESS PKWY		STREET ADDRESS	3770 Sawgrass Way # 3442	
CITY-ST-ZIP	FT. MYERS, FL 33912		CITY-ST-ZIP	Naples, FL 34112	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BURNS, ALAN R		NAME	John Ganster	
STREET ADDRESS	10481 SIX MILE CYPRESS PKWY		STREET ADDRESS	3770 Sawgrass Way 3412	
CITY-ST-ZIP	FT. MYERS, FL 33912		CITY-ST-ZIP	Naples, FL 34112	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: 		DATE 4/29/04 (235) 935-2999	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone #	

24071008



04302004 Chg-NP CR2E037 (10/03)