


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 18, 2005 8:00 am
Secretary of State

05-18-2005 90025 028 ****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 | | | |
| Zip | Country | 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 | | |
| TROPICAL ISLES MANAGEMENT 12734 KENWOOD LN #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 \$61.25 Due by September 7, 2005 | | 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 ARCHER, WILLIAM <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | ARCHER, WILLIAM | NAME | | | |
| STREET ADDRESS | 3770 SAWGRASS WAY #3441 | STREET ADDRESS | | | |
| CITY-ST-ZIP | NAPLES, FL 34112 | CITY-ST-ZIP | | | |
| TITLE | D DOYLE, TOM <input checked="" type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | DOYLE, TOM | NAME | | | |
| STREET ADDRESS | 3770 SAWGRASS WAY #3442 | STREET ADDRESS | | | |
| CITY-ST-ZIP | NAPLES, FL 34112 | CITY-ST-ZIP | | | |
| TITLE | D GANSTER, JOHN <input checked="" type="checkbox"/> Delete ok | TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | | |
| NAME | GANSTER, JOHN | NAME | D Ray Ruth | | |
| STREET ADDRESS | 3770 SAWGRASS WAY #3417 | STREET ADDRESS | 3760 Sawgrass Way #3525 | | |
| CITY-ST-ZIP | NAPLES, FL 34112 | CITY-ST-ZIP | Naples, FL 34112 | | |
| TITLE | <input type="checkbox"/> Delete | TITLE | ASM <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | | |
| NAME | | NAME | DON Roedding | | |
| STREET ADDRESS | | STREET ADDRESS | 12734 Kenwood Lane | | |
| CITY-ST-ZIP | | CITY-ST-ZIP | Fort Myers, FL 33907 | | |
| 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 power like empowered. | | | | | |
| SIGNATURE: <u>Don Roedding</u> | | | Date: <u>5/12/05</u> (235) 935-2995 | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | Date Daytime Phone # | | |