

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 07, 2009
Secretary of State**

DOCUMENT# N02000006287

Entity Name: TERRACE V AT CEDAR HAMMOCK ASSOCIATION, INC.

Current Principal Place of Business:

12734 KENWOOD LANE
SUITE 49
FT. MYERS, FL 33907

New Principal Place of Business:

Current Mailing Address:

12734 KENWOOD LANE
SUITE 49
FT. MYERS, FL 33907

New Mailing Address:

FEI Number: 51-0427887 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TROPICAL ISLES MANAGEMENT
12734 KENWOOD LN #49
FORT MYERS, FL 33907 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: ARCHER, WILLIAM
Address: 3770 SAWGRASS WAY #3441
City-St-Zip: NAPLES, FL 34112

Title: DV () Delete
Name: RUTH, RAY
Address: 3760 SAWGRASS WAY # 3525
City-St-Zip: NAPLES, FL 34112

Title: DT () Delete
Name: MAGLIC, ELLEN
Address: 3770 SAWGRASS WAY 3436
City-St-Zip: NAPLES, FL 34112

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: ARCHER, WILLIAM
Address: 3770 SAWGRASS WAY #3441
City-St-Zip: NAPLES, FL 34112

Title: VP (X) Change () Addition
Name: RUTH, RAY
Address: 3760 SAWGRASS WAY #3525
City-St-Zip: NAPLES, FL 34112

Title: ST (X) Change () Addition
Name: MAGLIC, ELLEN
Address: 3770 SAWGRASS WAY #3436
City-St-Zip: NAPLES, FL 34112

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MILISSA LINDSEY

RA

04/07/2009

Electronic Signature of Signing Officer or Director

Date