

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000006287

FILED  
Mar 23, 2011  
Secretary of State

**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: P  
Name: ARCHER, WILLIAM  
Address: 3770 SAWGRASS WAY #3441  
City-St-Zip: NAPLES, FL 34112

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

Title: ST  
Name: MAGLICIC, ELLEN  
Address: 3770 SAWGRASS WAY #3436  
City-St-Zip: NAPLES, FL 34112

I hereby 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 all other like empowered.

SIGNATURE: WILLIAM ARCHER

P

03/23/2011

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date