

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

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 90334 008 \*\*\*\*61.25

**DOCUMENT # N02000006287**  
1. Entity Name  
**TERRACE V AT CEDAR HAMMOCK ASSOCIATION, INC.**



Principal Place of Business      Mailing Address  
**12734 KENWOOD LANE**      **12734 KENWOOD LANE**  
**SUITE 49**      **SUITE 49**  
**FT. MYERS FL 33907**      **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



CHECK HERE IF MAKING CHANGES

4. FEI Number **51-0427887**      Applied For  
Not Applicable  
5. Certificate of Status Desired       **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**  
**SWALM & BOURGEOU, P.A.**  
**2375 TAMiami TRAIL N.**  
**SUITE 308**  
**NAPLES FL 34103**

**7. Name and Address of New Registered Agent**  
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 \_\_\_\_\_

**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	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>SPECTOR, GAIL</b>
STREET ADDRESS	<b>10481 SIX MILE CYPRESS PKWY</b>
CITY-ST-ZIP	<b>FT. MYERS FL 33912</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>MCMURRAY, DARIN</b>
STREET ADDRESS	<b>10481 SIX MILE CYPRESS PKWY</b>
CITY-ST-ZIP	<b>FT. MYERS FL 33912</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>BURNS, ALAN R</b>
STREET ADDRESS	<b>10481 SIX MILE CYPRESS PKWY</b>
CITY-ST-ZIP	<b>FT. MYERS FL 33912</b>
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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**

4/16/03 (239) 936-4336

CR2E037 (10/02)