2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2004 8:00 am
Secretary of State
05-05-2004 90201 007 ****61.25

DOCUMENT # N03000005225

1. Entity Name
TERRACE VI AT CEDAR HAMMOCK ASSOCIATION, INC.

Principal Place of Business	Mailing Address
C/O 12734 KENWOOD LANE SUITE 49 FORT MYERS, FL 33907	C/O 12734 KENWOOD LANE SUITE 49 FORT MYERS, FL 33907
TROPICAL ISLES MANAGEMENT 12734 Kenwood Ln., #49 Ft. Myers, FL 33907	TROPICAL ISLES MANAGEMENT 12734 Kenwood Ln., #49 Ft. Myers, FL 33907

04302004 Chg-NP CR2E037 (10/03)

Zip	Country	Zip	Country

4. FEI Number 05-0583980 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SWALM & BOURGEAU, P.A. 2375 TAMIAMI TRAIL N SUITE 308 NAPLES, FL 34103	TROPICAL ISLES MANAGEMENT 12734 Kenwood Ln., #49 Ft. Myers, FL 33907 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 D. Roedding Don Roedding 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. ☐ **$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 / NAME / STREET ADDRESS / CITY-ST-ZIP	D SPECTOR, GAIL 10481 SIX MILE CYPRESS PKWY. FORT MYERS, FL 33912	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MCMURRAY, DARIN 10481 SIX MILE CYPRESS PKWY. FORT MYERS, FL 33912	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BURNS, ALAN R 10481 SIX MILE CYPRESS PKWY. FORT MYERS, FL 33912	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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: D. Roedding Don Roedding 4/29/04 (239) 539-2995
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #