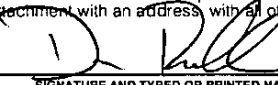


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

05-18-2005 90025 027 ****61.25

DOCUMENT # N03000005225 1. Entity Name TERRACE VI AT CEDAR HAMMOCK ASSOCIATION, INC.					
Principal Place of Business TROPICAL ISLES MGMT. 12734 KENWOOD LANE, #49 FORT MYERS, FL 33907			Mailing Address TROPICAL ISLES MGMT. 12734 KENWOOD LANE, #49 FORT MYERS, FL 33907		
2. Principal Place of Business		3. Mailing Address		 05112005 Chg-NP CR2E037 (10/03)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
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		
TROPICAL ISLES MGMT. 12734 KENWOOD LANE #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 _____ 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 September 7, 2005		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	D	☒ Delete	TITLE	PD	☐ Change ☒ Addition
NAME	SPECTOR, GAIL		NAME	Art Willenborg	
STREET ADDRESS	10481 SIX MILE CYPRESS PKWY.		STREET ADDRESS	3830 Sawgrass Way #3021	
CITY-ST-ZIP	FORT MYERS, FL 33912		CITY-ST-ZIP	Naples, FL 34112	
TITLE	D	☒ Delete	TITLE	VP	☐ Change ☒ Addition
NAME	MCMURRAY, DARIN		NAME	Anne Marie Bassani	
STREET ADDRESS	10481 SIX MILE CYPRESS PKWY.		STREET ADDRESS	3830 Sawgrass Way #2936	
CITY-ST-ZIP	FORT MYERS, FL 33912		CITY-ST-ZIP	Naples, FL 34112	
TITLE	D	☒ Delete	TITLE	ST	☐ Change ☒ Addition
NAME	BURNS, ALAN R		NAME	Michael Ragow	
STREET ADDRESS	10481 SIX MILE CYPRESS PKWY.		STREET ADDRESS	3820 Sawgrass Way #2941	
CITY-ST-ZIP	FORT MYERS, FL 33912		CITY-ST-ZIP	Naples, FL 34112	
TITLE		☐ Delete	TITLE	ASM	☐ Change ☒ Addition
NAME			NAME	Don Reedding	
STREET ADDRESS			STREET ADDRESS	12734 Kenwood Lane	
CITY-ST-ZIP			CITY-ST-ZIP	Ft Myers, FL 33907	
TITLE		☐ Delete	TITLE		☐ Change ☐ 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 other like empowered.					
SIGNATURE: 			5/1/05 (235) 535-2955		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		