2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Secretary of State DOCUMENT # N03000005225 03-30-2007 90129 030 ****61.25 TERRACE VI AT CEDAR HAMMOCK ASSOCIATION, INC. Principal Place of Business Mailing Address 30020040 TROPICAL ISLES MGMT. TROPICAL ISLES MGMT. 12734 KENWOOD LANE, #49 12734 KENWOOD LANE, #49 FORT MYERS, FL 33907 FORT MYERS, FL 33907 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03062007 CR2E037 (12/06) 4. FEI Number 05-0583980 City & State City & State Applied For Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent TROPICAL ISLES MGMT. Street Address (P.O. Box Number is Not Acceptable) 12734 KENWOOD LANE FORT MYERS, FL 33907 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 arm 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 9. Election Campaign Financing Make check payable to \$5.00 May Be Trust Fund Contribution. Florida Department of State Due by May 1, 2007 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 MICHAEL ROGON 3830 SWGLASS WAY #3441 OFFICERS AND DIRECTORS 10. 11. TITLE TITLE ☐ Delete WILLENBORG, ART NAME NAME STREET ADDRESS 3830 SAWGRASS WAY #3021 STREET ADDRESS NAPLES, GA. 34112 NAPLES, FL 34112 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition BASSANI, ANNE MARIE NAME NAME 3830 SAWGRASS WAY #2936 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP NAPLES, FL 34112 CITY-ST-ZIP ASM TITLE TITLE ☐ Change Addition ROEDDING, DON NAME NAME STREET ADDRESS 12734 KENWOOD LANE STREET ADDRESS FORT MYERS, FL 33907 CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Change ☐ Addition MUELLER, GLENN NAME NAME STREET ADDRESS 3820 SAWGRASS #3014 STREET ADDRESS CITY-ST-ZIP NAPLES, FL 34112 CITY-ST-ZIP Delete TITLE TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 filling does not qualify for the exemptions contained 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 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

FILED Mar 30, 2007 8:00 am

Daytime Phone #