

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000004780

FILED  
Apr 07, 2009  
Secretary of State

**Entity Name:** TERRACE III AT RIVERWALK CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

TROPICAL ISLES MANAGEMENT  
12734 KENWOOD LANE #49  
FORT MYERS, FL 33907

**New Principal Place of Business:**

**Current Mailing Address:**

10481 SIX MILE CYPRESS PARKWAY  
FT MYERS, FL 33912

**New Mailing Address:**

TROPICAL ISLES MANAGEMENT  
12734 KENWOOD LANE #49  
FORT MYERS, FL 33907

**FEI Number:** 20-2857207

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

TROPICAL ISLES MANAGEMENT  
12734 KENWOOD LANE  
FORT MYERS, FL 33907 US

**Name and Address of New Registered Agent:**

TROPICAL ISLES MANAGEMENT  
12734 KENWOOD LANE  
SUITE 49  
FORT MYERS, FL 33907 US

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: MILISSA LINDSEY

04/07/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: LAMEY, SHAWN  
Address: 8341 WHISKEY PRESERVE CIRCLE #546  
City-St-Zip: FORT MYERS, FL 33919

Title: D ( ) Delete  
Name: PEARCE, TRACY  
Address: 8341 WHISKEY PRESERVE CIRCLE #512  
City-St-Zip: FORT MYERS, FL 33919

Title: STD ( ) Delete  
Name: PEARCE, WARREN  
Address: 8341 WHISKEY PRESERVE CIRCLE #512  
City-St-Zip: FORT MYERS, FL 33919

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ST (X) Change ( ) Addition  
Name: FRAYER, JULIE  
Address: 8341 WHISKEY PRESERVE CIR. #516  
City-St-Zip: FORT MYERS, FL 33919

Title: P (X) Change ( ) Addition  
Name: PEARCE, TRACY  
Address: 8341 WHISKEY PRESERVE CIRCLE #512  
City-St-Zip: FORT MYERS, FL 33919

Title: VP (X) Change ( ) Addition  
Name: FRENCH, STAN  
Address: 8251 PATHFINDER LOOP #634  
City-St-Zip: FORT MYERS, FL 33919

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: MILISSA LINDSEY

RS

04/07/2009

Electronic Signature of Signing Officer or Director

Date