2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Sep 03, 2009
Secretary of State

DOCUMENT# N05000004780

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:

8359 BEACON BLVD.
SUITE 313
FORT MYERS, FL 33907

Current Mailing Address:

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

New Mailing Address:

8359 BEACON BLVD.
SUITE 313
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
SUITE 49
FORT MYERS, FL 33907 US

Name and Address of New Registered Agent:

HAYDEN & ASSOCIATES
8359 BEACON BLVD.
SUITE 313
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: KENNETH W. HAYDEN 09/03/2009
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

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

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VP (X) Change ( ) Addition
Name: FRENCH, STANLEY
Address: 8251 WHISKEY PRESERVE CIRCLE #634
City-St-Zip: FORT MYERS, FL 33919

Title: S/T (X) Change ( ) Addition
Name: FRAYER, JULIE
Address: 8341 PATHFINDER LOOP #516
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: KENNETH W. HAYDEN AGEN 09/03/2009
Electronic Signature of Signing Officer or Director — Date