


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 31, 2006 8:00 am
Secretary of State

07-21-2006 90027 018 ****61.25

DOCUMENT # N05000006019

1. Entity Name
TERRACE III AT OSPREY COVE CONDOMINIUM ASSOCIATION, INC.




Principal Place of Business
**10481 SIX MILE CYPRESS PARKWAY
 FORT MYERS, FL 33912**

Mailing Address
~~**10481 SIX MILE CYPRESS PARKWAY
 FORT MYERS, FL 33912**~~

66023004



2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address

**MANAGEMENT SERVICES, INC.
 12734 Kenwood Ln., Suite 49
 Ft. Myers, FL 33907**

07142006 Chg-NP CR2E037 (4/06)

4. FEI Number
20-3013754

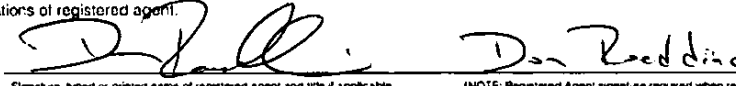
Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
**SHIELDS, CHRISTOPHER J
 1833 HENDRY STREET
 FORT MYERS, FL 33901**

7. Name and Address of New Registered Agent
 Name **TROPICAL ISLES**
 Street Address (P.O. Box Number is Not Acceptable)
12734 Kenwood Lane Suite 49
 City **Fort Myers** State **FL** Zip Code **33907**

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  **8/28/06**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when registering) DATE

Filing Fee is \$61.25
Due by September 8, 2006

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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
D	SPECTOR, GAIL	10481 SIX MILE CYPRESS PARKWAY	FORT MYERS, FL 33912	<input type="checkbox"/>
D	MCMURRAY, DARIN	10481 SIX MILE CYPRESS PARKWAY	FORT MYERS, FL 33912	<input type="checkbox"/>
D	HAGAN, JOHN	10481 SIX MILE CYPRESS PARKWAY	FORT MYERS, FL 33912	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
Asm	Gil Kidwell	12734 Kenwood Ln. #49	Fort Myers FL 33907	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

12. I hereby certify that the information supplied with this filing 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **ASm** **7/17/06** **259.939 2999**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #