
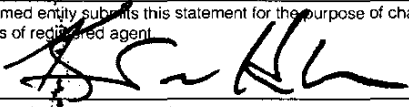
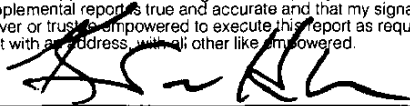


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 19, 2008 8:00 am
Secretary of State

05-19-2008 90038 005 ****61.25

| | | | |
|--|---|--|--|
| DOCUMENT # N05000007877 | |  | |
| 1. Entity Name TERRACE IV 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 | |
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | |
| Hayden & Assoc 8359 Beacon Blvd. Suite 213 Ft. Myers, FL 33907 | | Hayden & Assoc 8359 Beacon Blvd. Suite 213 Ft. Myers, FL 33907 | |
| | | 01282008 Chg-NP CR2E037 (12/06) | |
| | | 4. FEI Number 20-3485900 | |
| | | Applied For Not Applicable | |
| | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent | | 7. Name and Address of New Registered Agent | |
| TROPICAL ISLES 12734 KENWOOD LN SUITE 49 FORT MYERS, FL 33907 | | Name HAYDEN, KEN | |
| | | Street Address (P.O. Box Number is Not Acceptable) 8359 Beacon Blvd. Suite 213 | |
| | | City Ft. Myers, FL 33907 | |
| | | 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  | | DATE 4-11-08 | |
| Signed, typed or printed name of registered agent and title if applicable. | | (NOTE: Registered Agent signature required when reinstating) | |
| Filing Fee is \$61.25 Due by May 1, 2008 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 PD | THRON, DANIEL <input checked="" type="checkbox"/> Delete | TITLE P | JOHNSON DAVID <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| STREET ADDRESS 10481 SIX MILE CYPRESS PARKWAY | FT MYERS, FL 33966 | STREET ADDRESS 8490 KINGBIAD LOOP #950 | FT MYERS, FL 33967 |
| TITLE VD | SORENSEN, ANDY <input checked="" type="checkbox"/> Delete | TITLE VP | SMITH, HAWLEY <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| STREET ADDRESS 10481 SIX MILE CYPRESS PARKWAY | FT MEYERS, FL 33966 | STREET ADDRESS 8490 KINGBIAD LOOP #919 | FT MYERS FL 33967 |
| TITLE STD | DISTEPHANO, PAUL <input checked="" type="checkbox"/> Delete | TITLE ST | BELLEVAUCE, RICHARD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| STREET ADDRESS 10481 SIX MILE CYPRESS PARKWAY | FT MYERS, FL 33966 | STREET ADDRESS 8490 KINGBIAD LOOP #911 | FT MYERS, FL 33967 |
| TITLE | <input type="checkbox"/> Delete | TITLE PM | Ken Hayden <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| STREET ADDRESS | | STREET ADDRESS 8359 Beacon Blvd, Suite 213 | |
| CITY-ST-ZIP | | CITY-ST-ZIP Ft Myers, FL 33907 | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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 exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental reports 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:  | | DATE 4-11-08 | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | Date Daytime Phone # | |