I hereby 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 all other like empowered.

Ρ

#### SIGNATURE: FRED UFFERFILGE

Electronic Signature of Signing Officer/Director Detail

## 2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N96000002004

Entity Name: TERRACE II AT PRESTWICK ASSOCIATION, INC.

## **Current Principal Place of Business:**

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

## **Current Mailing Address:**

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

#### FEI Number: 65-0674104

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

TROPICAL ISLES MANAGEMENT 12734 KENWOOD LANE STE 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:

# Electronic Signature of Registered Agent

Officer/Director Detail :			
Title	S	Title	Ρ
Name	BOESEN, PAUL	Name	UFFERFILGE, FRED
Address	12734 KENWOOD LANE #49	Address	12734 KENWOOD LANE #49
City-State-Zip:	FORT MYERS FL 33907	City-State-Zip:	FORT MYERS FL 33907
Title	VP		
Name	WEST, ROYAL		
Address	12734 KENWOOD LANE #49		
City-State-Zip:	FORT MYERS FL 33907		

Certificate of Status Desired: No

FILED Mar 25, 2016 Secretary of State CC5775654951

> 03/25/2016 Date

Date