

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000004995

Entity Name: TERRACE I AT CEDAR HAMMOCK ASSOCIATION, INC.

Current Principal Place of Business:

C/O TROPICAL ISLES MANAGEMENT
12734 KENWOOD LANE SUITE 49
FORT MYERS, FL 33907

Current Mailing Address:

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

FEI Number: 65-0947576

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

TROPICAL ISLES MANAGEMENT
C/O 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: KAYLA MATIAS

04/26/2021

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title VP
Name REID, BILL
Address C/O TROPICAL ISLES MANAGMENT
12734 KENWOOD LANE SUITE 49
City-State-Zip: FORT MYERS FL 33907

Title TREASURER, SECRETARY
Name RUPE, JACK
Address C/O TROPICAL ISLES MANAGEMENT
12734 KENWOOD LANE SUITE 49
City-State-Zip: FORT MYERS FL 33907

Title PRESIDENT
Name BESTEMAN, DOUGLAS
Address C/O TROPICAL ISLES MANAGEMENT
12734 KENWOOD LANE SUITE 49
City-State-Zip: FORT MYERS FL 33907

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.

SIGNATURE: BESTEMAN , DOUGLAS

P

04/26/2021

Electronic Signature of Signing Officer/Director Detail

Date