

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N99000004995

**FILED**  
**Aug 20, 2019**  
**Secretary of State**  
**3714599676CC**

**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

08/20/2019

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

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

Title TREASURER  
Name REID, WILLIAM  
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:** DOUGLAS BESTEMAN

PRESIDENT

08/20/2019

Electronic Signature of Signing Officer/Director Detail

Date