

2023 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

04/21/2023

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: DOUGLAS BESTEMAN

PRESIDENT

04/21/2023

Electronic Signature of Signing Officer/Director Detail

Date