2005 NOT-FOR-PROFIT CORPORATION

ANNUAL REPORT

FILED Feb 07, 2005 8:00 am Secretary of State



1. Entity Nam	TERRACE CONDOMINIUM	1 ASSOCIATION, UN	ІТ			02-07-20	005 90100	025 ****	61.25	
1500 TROPIC TERR		Mailing Address 1500 TROPIC TERR NORTH FT. MYERS, FL 33903					១ម	U1164	4	
2. Principal Place of Business		3. Mailing Address							H.S. E1 15	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			2012005	Chg-NP	CR2E0	37 (10/03)		
City & State		City & State		4	. FEI Numbe 59-164			- 	oplied For ot Applicable	
Zip	Country Zip Co		Country	5	. Certificate	of Status Desire	d 🛮	\$8.75 Add		
	6. Name and Address of Current	Registered Agent		7.	. Name and	Address of Ne	w Registered	Agent		
FOUNTAIN, ARVARD			Name							
1526 TRO	PIC TERRACE	-	Street A	ddress (P.O	. Box Numbe	or is Not Accepta	able)			
NORTHFO	ORT MYERS, FL 33903					•				
			City	•			FL	Zip Cod	e	
	named entity submits this statement for	or the purpose of changing its	registered office o	r registered	agent, or bot	h, in the State of	f Florida. I am	l familiar with,	and accept	
the obligati	ions of registered agent.									
SIGNATURE										
	Signature, typed or printed name of registered agent	t and title if applicable. (NOTE	: Registered Agent signal	ture required whe	n reinstating)		DATE			
	Signature, typed or printed name of registered agent Filling Fee is \$61.25 Due by May 1, 2005		npaign Financing	\$:	5.00 May B	e F	DATE Make chec Torida Depar			
	Filing Fee is \$61.25	9. Election Can Trust Fund C	npaign Financing	□ \$5 Ad	5.00 May B ided to Fees	F	Make checi Torida Depar	tment of S	tate	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is 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 attackment with an address, with all other like empowered.

STREET ADDRESS CITY-ST-ZIP

1531 TROPIC TERRACE

N FT MYERS, FL

STREET ADDRESS