
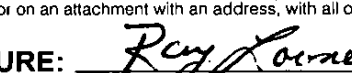


FILED
May 01, 2006 8:00 am
Secretary of State

40074073

DOCUMENT # 745740				Secretary of State 05-01-2006 90367 015 ****61.25	
1. Entity Name TERRAMAR CONDOMINIUM ASSOCIATION, INC.		Principal Place of Business 7100 ESTERO BLVD FT MYERS BEACH, FL 33931 US		Mailing Address 13611-6 MCGREGOR BLVD. FT. MYERS, FL 33919 US	
2. Principal Place of Business		3. Mailing Address 7100 Winkler Rd			
Suite, Apt. #, etc.		Suite, Apt. #, etc. #2			
City & State		City & State Ft. Myers, FL			
Zip		Zip		Country	
33919		33919		US	
6. Name and Address of Current Registered Agent MONARCH ASSOCIATION MANAGEMENT, INC. 13611-6 MCGREGOR BLVD. FT. MYERS, FL 33919		7. Name and Address of New Registered Agent Name Alliant Property Mgmt Street Address (P.O. Box Number is Not Acceptable) 7100 Winkler Rd #2 City Ft. Myers FL Zip Code 33919			
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE 		SIGNATURE JACK STROHM		DATE 4.10.06	
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		VD NICKEL, DETER 1205 EAST 7TH STREET MERRILL, WI 33912 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		PD LOONEY, RAY 10525 WINE PALM ROAD FORT MYERS, FL 33912 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TD POPP, HAROLD 404 NORTH DR. WYANDOTTE, MI 48192 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		SD RUSSO, TONY 105 NORTH YATES LANE MT. PROSPECT, IL 60056 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		D GROSS, NATHAN 1384 OAK RIDGE RD. BLOOMFIELD HILL, MI 48301 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		D Mary Ellen Vrankin 7100 Estero Blvd #302 Ft. Myers Beach, FL 33931 <input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 attachment with an address, with all other like empowered.					
SIGNATURE: 		SIGNATURE RAY LOONEY		DATE 4/14/06	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	