


**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 14, 2008 8:00 am
Secretary of State

02-14-2008 90013 028 ****61.25

DOCUMENT # N00000005693 1. Entity Name TERRACE II AT CEDAR HAMMOCK ASSOCIATION, INC.					
Principal Place of Business 12734 KENWOOD LN, #49 FT MYERS, FL 33907			Mailing Address 12734 KENWOOD LN, #49 FT MYERS, FL 33907		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip Country		City & State Zip Country		4. FEI Number 65-1105171 Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				01072008 Chg-NP CR2E037 (12/06)	
6. Name and Address of Current Registered Agent TROPICAL ISLES MANAGEMENT 12734 KENWOOD LANE, SUITE 49 WEST PALM BEACH, FL 33407 4630			7. Name and Address of New Registered Agent Name Tropical Isles Management Street Address (P.O. Box Number is Not Acceptable) 12734 Kenwood Lane, Ste 49 City Ft. Myers FL Zip Code 33907		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DAWSON, JOE 21 E SHORE DRIVE COLCHESTER, CT 06415	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CIARAMAGLIA, ANGELO 8610 CEDAR HAMMOCK CIR #1242 NAPLES, FL 34112	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHRISTOFF, LINDA 8600 CEDAR HAMMOCK CIR #1318 NAPLES, FL 34112	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Sec/Vpres.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	RECEIVED FEB 06 2008 CU REV/ADM		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<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 617, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date _____ Daytime Phone # _____		

ATTACHMENT **Business Professional Regulation**

Charlie Crist, Governor
Holly Benson, Secretary

Division of Service Operations
Bureau of Central Intake
1940 North Monroe Street
Tallahassee, FL 32399-0783

VOICE 850.487.1396
FAX 850.922-8050
www.MyFlorida.com/dbpr
www.MyFloridaLicense.com

FEBRUARY 8, 2008

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FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
CORPORATE FILINGS
PO BOX 6327
TALLAHASSEE, FL 32314

RE: CORRESPONDENCE RETURN

TO WHOM IT MAY CONCERN:

THE DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION HAS RECEIVED THE ENCLOSED CORRESPONDENCE IN ERROR. THEREFORE, WE ARE FORWARDING THE DOCUMENT AND THE CHECK #005444 IN THE AMOUNT OF \$61.25 TO YOUR OFFICE TO HANDLE AS YOU DEEM NECESSARY.

IF YOU HAVE ANY QUESTIONS, PLEASE CALL THE NUMBER SHOWN BELOW.

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