

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000005693

FILED  
Apr 07, 2009  
Secretary of State

**Entity Name:** TERRACE II AT CEDAR HAMMOCK ASSOCIATION, INC.

**Current Principal Place of Business:**

12734 KENWOOD LN, #49  
FT MYERS, FL 33907

**New Principal Place of Business:**

**Current Mailing Address:**

12734 KENWOOD LN, #49  
FT MYERS, FL 33907

**New Mailing Address:**

**FEI Number:** 65-1105171

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

TROPICAL ISLES MANAGEMENT  
12734 KENWOOD LANE, SUITE 49  
WEST PALM BEACH, FL 334074639 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: DAWSON, JOE  
Address: 21 E SHORE DRIVE  
City-St-Zip: COLCHESTER, CT 06415

Title: VP ( ) Delete  
Name: CIARAMAGLIA, ANGELO  
Address: 8610 CEDAR HAMMOCK CIR #1242  
City-St-Zip: NAPLES, FL 34112

Title: ST ( ) Delete  
Name: CHRISTOFF, LINDA  
Address: 8600 CEDAR HAMMOCK CIR #1318  
City-St-Zip: NAPLES, FL 34112

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: DAWSON, JOE  
Address: 8600 CEDAR HAMMOCK CIR #1331  
City-St-Zip: NAPLES, FL 34112

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ST (X) Change ( ) Addition  
Name: CHRISTOFF, RUSS  
Address: 8600 CEDAR HAMMOCK CIR #1318  
City-St-Zip: NAPLES, FL 34112

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: MILISSA LINDSEY

RA

04/07/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date