

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000005693

FILED  
Mar 27, 2010  
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:**

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:**

03/27/2010

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** P  
**Name:** DAWSON, JOE  
**Address:** 8600 CEDAR HAMMOCK CIR #1331  
**City-St-Zip:** NAPLES, FL 34112

**Title:** VP  
**Name:** AHRENS, DONELL  
**Address:** 8600 CEDAR HAMMOCK CIR #1328  
**City-St-Zip:** NAPLES, FL 34112

**Title:** ST  
**Name:** TRUCKENBROD, KENT  
**Address:** 8610 CEDAR HAMMOCK CIR #1237  
**City-St-Zip:** NAPLES, FL 34112

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:** BRETT RUDLAND

CAM

03/27/2010

Electronic Signature of Signing Officer or Director

Date