

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000000726

FILED
Mar 06, 2009
Secretary of State

Entity Name: TERRACE I AT FAIRWAY ISLE ASSOCIATION, INC.

Current Principal Place of Business:

TROPICAL ISLES MANAGEMENT
12734 KENWOOD LN, SUITE 49
CAPE CORAL, FL 33909

New Principal Place of Business:

TROPICAL ISLES MANAGEMENT
12734 KENWOOD LN, SUITE 49
FORT MYERS, FL 33907

Current Mailing Address:

TROPICAL ISLES MANAGEMENT
12734 KENWOOD LN, SUITE 49
CAPE CORAL, FL 33909

New Mailing Address:

TROPICAL ISLES MANAGEMENT
12734 KENWOOD LN, SUITE 49
FORT MYERS, FL 33907

FEI Number: 03-0392070

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TROPICAL ISLES MANAGEMENT
12734 KENWOOD LN, SUITE 49
FT. MYERS, FL 33909 US

Name and Address of New Registered Agent:

TROPICAL ISLES MANAGEMENT
12734 KENWOOD LN, SUITE 49
FT. 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:

03/06/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: KLUCH, MARLENE
Address: 10303 WHITE PALM WAY
City-St-Zip: FORT MYERS, FL 33912

Title: TS () Delete
Name: BARDEN, DAN
Address: 10285 BISMARCK PALM WAY #1018
City-St-Zip: FT. MEYERS, FL 33966

Title: ST () Delete
Name: SMITH, JIM
Address: 3025 VIA SAN MARCO CIR
City-St-Zip: FORT MYERS, FL 33905

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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: MARLENE KLUCH

P

03/06/2009

Electronic Signature of Signing Officer or Director

Date