
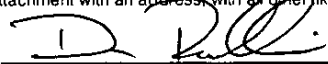


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 18, 2005 8:00 am
Secretary of State

05-18-2005 90025 009 ****61.25

DOCUMENT # N02000001936							
1. Entity Name TERRACE IV AT CEDAR HAMMOCK ASSOCIATION, INC.							
Principal Place of Business 12734 KENWOOD LANE, SUITE 49 FT. MYERS, FL 33907		Mailing Address 12734 KENWOOD LANE, SUITE 49 FT. MYERS, FL 33907					
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip	Country	Zip	Country	4. FEI Number 03-0466797			
				Applied For <input type="checkbox"/> Not Applicable			
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent				
TROPICAL ISLES MANAGEMENT 12734 KENWOOD LANE SUITE 49 FORT MYERS, FL 33907			Name				
			Street Address (P.O. Box Number is Not Acceptable)				
			City			FL	Zip Code
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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE							
Filing Fee is \$61.25 Due by September 7, 2005		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	PD	<input type="checkbox"/> Delete	TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	CARMODY, LYNN		NAME				
STREET ADDRESS	1216 NOTRE DAME DR.		STREET ADDRESS				
CITY-ST-ZIP	LEMONT, IL 60439		CITY-ST-ZIP				
TITLE	VPD	<input type="checkbox"/> Delete	TITLE	STD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	O'SHAUGHNESSY, JOSEPH		NAME				
STREET ADDRESS	70 ELY WAY		STREET ADDRESS				
CITY-ST-ZIP	LONGMEADOW, MA 001161800		CITY-ST-ZIP				
TITLE	ID	<input type="checkbox"/> Delete	TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	GOBRON, JACK		NAME				
STREET ADDRESS	49 COTTONWOOD DR.		STREET ADDRESS				
CITY-ST-ZIP	STOUGHTON, MA 02067		CITY-ST-ZIP				
TITLE		<input type="checkbox"/> Delete	TITLE	ASM	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME			NAME	Don Roedding			
STREET ADDRESS			STREET ADDRESS	12734 Kenwood Lane			
CITY-ST-ZIP			CITY-ST-ZIP	Ft. Myers, FL 33907			
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
*12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: 		Don Roedding		5/1/05 (235) 939-2555			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #			