

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000001936

FILED
Apr 06, 2009
Secretary of State

Entity Name: TERRACE IV AT CEDAR HAMMOCK ASSOCIATION, INC.

Current Principal Place of Business:

12734 KENWOOD LANE, SUITE 49
FT. MYERS, FL 33907

New Principal Place of Business:

Current Mailing Address:

12734 KENWOOD LANE, SUITE 49
FT. MYERS, FL 33907

New Mailing Address:

FEI Number: 03-0466797

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
FORT MYERS, FL 33907 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: VP () Delete
Name: CARMODY, LYNN
Address: 1216 NOTRE DAME DR.
City-St-Zip: LEMONT, IL 60439

Title: ST () Delete
Name: SCHIAVO, BOB
Address: 3790 SAWGRASS WAY #3228
City-St-Zip: NAPLES, FL 34112

Title: P () Delete
Name: UNSWORTH, THERESA
Address: 3790 SAWGRASS WAY #3237
City-St-Zip: NAPLES, FL 34112

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VP (X) Change () Addition
Name: SCHIAVO, BOB
Address: 3790 SAWGRASS WAY #3228
City-St-Zip: NAPLES, FL 34112

Title: ST (X) Change () Addition
Name: GEROLD, ROY
Address: 3790 SAWGRASS WAY #3226
City-St-Zip: NAPLES, FL 34112

Title: P (X) Change () Addition
Name: GOBRON, JACK
Address: 3790 SAWGRASS WAY #3241
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

04/06/2009

Electronic Signature of Signing Officer or Director

Date