


**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jun 02, 2003 8:00 am**  
**Secretary of State**

05-05-2003 90334 015 \*\*\*\*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  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State

City & State

Zip Country Zip Country

4. FEI Number  
**03-0466797**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

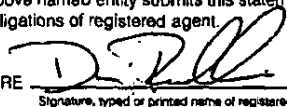


CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent  
**SWALM & BOURGEOU, PA  
2375 TAMiami TRAIL N., SUITE 308  
NAPLES FL 34103**

7. Name and Address of New Registered Agent  
Name **Tropical Isles Management**  
Street Address (P.O. Box Number is Not Acceptable)  
**12734 Kenwood Lane, Suite 49**  
City **Ft. Myers** FL Zip Code **33907**

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  **DON ROEDDING, CAM** DATE **4/14/03**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS

|                |                                     |  |
|----------------|-------------------------------------|--|
| TITLE          | <b>D</b>                            | <input checked="" type="checkbox"/> Delete |
| NAME           | <b>SPECTOR, GAIL</b>                |  |
| STREET ADDRESS | <b>10481 SIX MILE CYPRESS PKWY.</b> |  |
| CITY-ST-ZIP    | <b>FT. MYERS FL 33912</b>           |  |
| TITLE          | <b>D</b>                            | <input checked="" type="checkbox"/> Delete |
| NAME           | <b>MCMURRAY, DARIN</b>              |  |
| STREET ADDRESS | <b>10481 SIX MILE CYPRESS PKWY.</b> |  |
| CITY-ST-ZIP    | <b>FT. MYERS FL 33912</b>           |  |
| TITLE          | <b>D</b>                            | <input checked="" type="checkbox"/> Delete |
| NAME           | <b>BURNS, ALAN R</b>                |  |
| STREET ADDRESS | <b>10481 SIX MILE CYPRESS PKWY.</b> |  |
| CITY-ST-ZIP    | <b>FT. MYERS FL 33912</b>           |  |
| TITLE          |                                     | <input type="checkbox"/> Delete            |
| NAME           |                                     |  |
| STREET ADDRESS |                                     |  |
| CITY-ST-ZIP    |                                     |  |
| TITLE          |                                     | <input type="checkbox"/> Delete            |
| NAME           |                                     |  |
| STREET ADDRESS |                                     |  |
| CITY-ST-ZIP    |                                     |  |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

|                |                                  |  |
|----------------|----------------------------------|--|
| TITLE          | <b>P, D</b>                      | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | <b>Lynn Carmody</b>              |  |
| STREET ADDRESS | <b>1216 Notre Dame Dr.</b>       |  |
| CITY-ST-ZIP    | <b>Lement, IL 60439</b>          |  |
| TITLE          | <b>VP, D</b>                     | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | <b>Joseph O'Shaughnessy</b>      |  |
| STREET ADDRESS | <b>70 Ely Way</b>                |  |
| CITY-ST-ZIP    | <b>Langmeadow, MA 00116-1800</b> |  |
| TITLE          | <b>T, D</b>                      | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | <b>Jack Gobron</b>               |  |
| STREET ADDRESS | <b>49 Cottonwood Dr.</b>         |  |
| CITY-ST-ZIP    | <b>Stoughton, MA 02067</b>       |  |
| TITLE          |                                  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                                  |  |
| STREET ADDRESS |                                  |  |
| CITY-ST-ZIP    |                                  |  |
| TITLE          |                                  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                                  |  |
| STREET ADDRESS |                                  |  |
| 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:  **Jack Gobron** DATE **4/23/03** DAYTIME PHONE # **(235) 348-3723**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/02)