

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 16, 2005 08:00 AM
Secretary of State

DOCUMENT # N02000004000

1. Entity Name
TERRACE III AT ROYAL GREENS ASSOCIATION, INC.



Principal Place of Business
TROPICAL ISLES MANAGEMENT
12734 KENWOOD LN #49
FORT MYERS, FL 33907

Mailing Address
TROPICAL ISLES MANAGEMENT
12734 KENWOOD LN #49
FORT MYERS, FL 33907



05022005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
02-0620612
Applied For
Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

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IN THIS SPACE**

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. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DP
BROWN, BOD
10461 WASHINGTON PALM #3418
FT MYERS, FL 33912

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DVP
MCQUAID, SUSAN
10461 WASHINGTON PALM #3438
FT MYERS, FL 33912

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DTS
TRAMBLIN, ROBERT
10461 WASHINGTON PALM #3432
FT MYERS, FL 33912

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
ASM
REDDING, DON
12734 KENWOOD LN #49
FORT MYERS, FL 33907

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

[Signature] *[Signature]* 5/1/05 (239) 339-2595