

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 05, 2007 8:00 am
Secretary of State

03-05-2007 90038 012 ****61.25

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		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 02-0620612	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent TROPICAL ISLES MANAGEMENT 12734 KENWOOD LN #49 FORT MYERS, FL 33907			7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2007		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 NAME STREET ADDRESS CITY-ST-ZIP	DP ³⁰⁵ BROWN, BOB <input type="checkbox"/> Delete 10461 WASHINGTON PALM #3418 FT MYERS, FL 33912 33966		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT ³⁰⁵ Joe Pelgott <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 10461 Washington Palm Way #3433 Ft. Myers, FL 33966	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASM <input checked="" type="checkbox"/> Delete REDDING, DON 12734 KENWOOD LN #49 FORT MYERS, FL 33907		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD <input type="checkbox"/> Delete VECCHI, DENNIS 10461 WASHINGTON PALM WAY #3423 FORT MYERS, FL 33912 33966		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <u>R. C. Brown</u> 15 Feb 2007 239 466 2832					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					