2007 NOT-FOR-PROFIT CORPORATION

ANNUAL REPORT

DOCUMENT # N02000004000

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



FILED

Mar 05, 2007 8:00 am Secretary of State

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

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				 		16 16	1	1151 El (51)	
2. Principal P	lace of Busin	3. Mailir	3. Mailing Address									
Suite, Apt. #, etc.			Suite, Apt. #, etc.					02012007	Chg-NP	CR2E	037 (12/06)	
City & State			City & State				4. FEI Number 02-062			<u> </u>	plied For t Applicable	
Zip Country			Zip	p Country				5. Certificate of Status Desired \$8.75 Additional Fee Required				
	6. Name	and Address of Current	t Registered	d Agent		i		7. Name and	Address of New I	Registered	Agent	
						Name						
TROPICAL ISLES MANAGEMENT 12734 KENWOOD LN #49 FORT MYERS, FL 33907						Street Address (P.O. Box Number is Not Acceptable)						
						City					■ Zip Cod	•
						City				F		5
8 The above	named entit	v submits this statement for	or the nurno	se of changing its r	egistere	ed office or	register	ed agent or bot	th in the State of F	lorida Lar	n familiar with	and accept
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SIGNATURE .	Signature, typed	or printed name of registered agen	it and title if appli	cable. (NOTE:	: Registere	d Agent signatur	ra required	when reinstating)		DATE		
	_	e is \$61.25 Nay 1, 2007		9. Election Cam Trust Fund Co				\$5.00 May B Added to Fees	•		ck payable t artment of S	
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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:

R.C. BROWN SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR