

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000004000

FILED  
Mar 26, 2009  
Secretary of State

**Entity Name:** TERRACE III AT ROYAL GREENS ASSOCIATION, INC.

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

**FEI Number:** 02-0620612

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

TROPICAL ISLES MANAGEMENT  
12734 KENWOOD LN #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: DP ( ) Delete  
Name: BROWN, BOB  
Address: 10461 WASHINGTON PALM #3418  
City-St-Zip: FORT MYERS, FL 33966

Title: ASM ( ) Delete  
Name: PALGUTT, JOE  
Address: 10461 WASHINGTON PELA WAY #3433  
City-St-Zip: FORT MYERS, FL 33966

Title: VPD ( ) Delete  
Name: VECCHI, DENNIS  
Address: 10461 WASHINGTON PALM WAY #3423  
City-St-Zip: FORT MYERS, FL 33966

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: DP (X) Change ( ) Addition  
Name: BROWN, BOB  
Address: 10461 WASHINGTONIA PALM #3418  
City-St-Zip: FORT MYERS, FL 33966

Title: ST (X) Change ( ) Addition  
Name: PALGUTT, JOE  
Address: 10461 WASHINGTONIA WAY #3433  
City-St-Zip: FORT MYERS, FL 33966

Title: VPD (X) Change ( ) Addition  
Name: VECCHI, DENNIS  
Address: 10461 WASHINGTONIA PALM WAY #3423  
City-St-Zip: FORT MYERS, FL 33966

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: BOB BROWN

DP

03/26/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date