
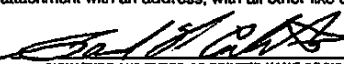


**FILED**  
**Jul 16, 2008 8:00 am**  
**Secretary of State**

07-16-2008 90011 002 \*\*\*\*61.25

**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT # N02000004005			
1. Entity Name TERRACE II 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
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PARSONS, GAIL 10458 WASHINGTON PKWY, 3336 FORT MYERS, FL 33912 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition ZIP CODE 33966
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LUX, JACK 10453 WASHINGTON PALM #3335 FT MYERS, FL 33912 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition UNIT # 3327 ZIP CODE 33966
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CALITRI, PAUL 10453 WASHINGTONIA PALM WAY #3323 FT MYERS, FL 33912 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition ZIP CODE 33966
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
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: 		Date: 2/5/08	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	

40111490



01092008 Chg-NP CR2E037 (12/06)

4. FEI Number 01-0719633 Applied For Not Applicable

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

