


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 18, 2005 8:00 am
Secretary of State

05-18-2005 90025 028 ****61.25

DOCUMENT # N02000006287					
1. Entity Name TERRACE V AT CEDAR HAMMOCK ASSOCIATION, INC.					
Principal Place of Business 12734 KENWOOD LANE SUITE 49 FT. MYERS, FL 33907		Mailing Address 12734 KENWOOD LANE SUITE 49 FT. MYERS, FL 33907			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
TROPICAL ISLES MANAGEMENT 12734 KENWOOD LN #49 FORT MYERS, FL 33907			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 September 7, 2005		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	D ARCHER, WILLIAM <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	ARCHER, WILLIAM	NAME			
STREET ADDRESS	3770 SAWGRASS WAY #3441	STREET ADDRESS			
CITY-ST-ZIP	NAPLES, FL 34112	CITY-ST-ZIP			
TITLE	D DOYLE, TOM <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	DOYLE, TOM	NAME			
STREET ADDRESS	3770 SAWGRASS WAY #3442	STREET ADDRESS			
CITY-ST-ZIP	NAPLES, FL 34112	CITY-ST-ZIP			
TITLE	D GANSTER, JOHN <input checked="" type="checkbox"/> Delete ok	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	GANSTER, JOHN	NAME	D Ray Ruth		
STREET ADDRESS	3770 SAWGRASS WAY #3417	STREET ADDRESS	3760 Sawgrass Way #3525		
CITY-ST-ZIP	NAPLES, FL 34112	CITY-ST-ZIP	Naples, FL 34112		
TITLE	<input type="checkbox"/> Delete	TITLE	ASM <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME		NAME	DON Roedding		
STREET ADDRESS		STREET ADDRESS	12734 Kenwood Lane		
CITY-ST-ZIP		CITY-ST-ZIP	Fort Myers, FL 33907		
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 power like empowered.					
SIGNATURE: <u>Don Roedding</u>			Date: <u>5/12/05</u> (235) 935-2995		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		