## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## Mar 14, 2008 8:00 am **Secretary of State DOCUMENT # N03000000441** 03-14-2008 90041 012 \*\*\*\*61.25 1. Entity Name TERRACE I AT CYPRESS TRACE ASSOCIATION, INC. Principal Place of Business Mailing Address P&M Property Management P&M Property Management 14360 S Tamiami Trail, unit B 14360 S Tamiami Trail, unit B Fort Myers, FL 33912 Fort Myers, FL 33912 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02132008 Chg-NP CR2E037 (12/06) 4. FEI Number 56-2317331 Applied For City & State City & State Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Nam TROPICAL ISLES MANAGEMENT P&M Property Management Stre 12734 KENWOOD LN 14360 S Tamiami Trail, unit B FORT MYERS, FL 33907 Fort Myers, FL 33912 City Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent; or pour; in the partie of mortidate it anniamiliar with, and accept the obligations of registered agent. SIGNATURE Filing Fee is \$61.25 9. Election Campaign Financing Make check payable to \$5.00 May Be Trust Fund Contribution. Florida Department of State Due by May 1, 2008 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. AS TITLE Delete TITLE ☐ Change Jeary Desmona ROEDDING, DON NAME NAME 12734 KENWOOD LANE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP FORT MYERS, FL 33907 CITY-ST-ZIP DST Delete ☐ Change **Addition** TITLE NAME ASPEY, HELEN NAME management 900 NE 2ND ST STREET ADDRESS STREET ADDRESS BELLE GLADE, FL 33430 CITY-ST-ZIF CITY-ST-ZIP TITLE ☐ Delete NAME NAME Miniagement STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE 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 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.

changed, or on an atta

**SIGNATURE:** 

FILED

Daytime Phone #