

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000001868

FILED  
Jan 27, 2009  
Secretary of State

**Entity Name:** TERRACE II AT CYPRESS TRACE ASSOCIATION, INC.

**Current Principal Place of Business:**

12734 KENWOOD LANE, STE 49  
FORT MYERS, FL 33907

**New Principal Place of Business:**

**Current Mailing Address:**

12734 KENWOOD LANE, STE 49  
FORT MYERS, FL 33907

**New Mailing Address:**

**FEI Number:** 65-1179787

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

TROPICAL ISLER MANAGEMENT  
12734 KENWOOD LANE, STE 49  
FORT MYERS, FL 33907 US

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

TROPICAL ISLAND MANAGEMENT  
12734 KENWOOD LANE, STE 49  
FORT MYERS, FL 33907 US

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: JEANNIE NESPOLI

01/27/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: ALTIER, AL  
Address: 2700 CYPRESS TRACE CIR #3112  
City-St-Zip: NAPLES, FL 34119

Title: VP ( ) Delete  
Name: BLOCH, DON  
Address: 2700 CYPRESS TRACE CIRCLE APT 3120  
City-St-Zip: NAPLES, FL 34119

Title: VP ( ) Delete  
Name: CAMPBELL, JACK  
Address: 2700 CYPRESS TRACE CIR 3007  
City-St-Zip: NAPLES, FL 34119

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

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: T (X) Change ( ) Addition  
Name: HINE, GARY  
Address: 2700 CYPRESS TRACE CIR, UNIT 3122  
City-St-Zip: NAPLES, FL 34119

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: JEANNIE NESPOLI

CAM

01/27/2009

Electronic Signature of Signing Officer or Director

Date