

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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FILED
Jun 26, 2006 8:00 am
Secretary of State

05-05-2006 90177 014 ****61.25

DOCUMENT # N03000005225 1. Entity Name TERRACE VI AT CEDAR HAMMOCK ASSOCIATION, INC.					
Principal Place of Business TROPICAL ISLES MGMT. 12734 KENWOOD LANE, #49 FORT MYERS, FL 33907			Mailing Address TROPICAL ISLES MGMT. 12734 KENWOOD LANE, #49 FORT 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		
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent			
TROPICAL ISLES MGMT. 12734 KENWOOD LANE #49 FORT MYERS, FL 33907		Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>			
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 reappointing) <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
Filing Fee is \$61.25 Due by May 1, 2006		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	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WILLENBORG, ART		NAME		
STREET ADDRESS	3830 SAWGRASS WAY #3021		STREET ADDRESS		
CITY- ST- ZIP	NAPLES, FL 34112		CITY- ST- ZIP		
TITLE	VP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BASSANI, ANNE MARIE		NAME		
STREET ADDRESS	3830 SAWGRASS WAY #2936		STREET ADDRESS		
CITY- ST- ZIP	NAPLES, FL 34112		CITY- ST- ZIP		
TITLE	ST	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	ROGOW, MICHAEL		NAME	GLENN MUELLER	
STREET ADDRESS	3820 SAWGRASS WAY #2941		STREET ADDRESS	3820 SAWGRASS #3014	
CITY- ST- ZIP	NAPLES, FL 34112		CITY- ST- ZIP	NAPLES, FL 34112	
TITLE	ASM	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ROEDDING, DON		NAME		
STREET ADDRESS	12734 KENWOOD LANE		STREET ADDRESS		
CITY- ST- ZIP	FORT MYERS, FL 33907		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		
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 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:			1-30-06 239.348.0678		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		

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4. FEI Number **05-0583980** Applied For ☐ Not Applicable ☒

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

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