

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 14, 2008 8:00 am
Secretary of State

02-14-2008 90013 027 ****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 - No P.O. Box # Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 05-0583980	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent TROPICAL ISLES MGMT. 12734 KENWOOD LANE #49 FORT MYERS, FL 33907			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City		
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.			DATE		
SIGNATURE Signature, typed or printed name of registered agent and the applicable (NOTE: Registered Agent signature required when reinstating)			DATE		
Filing Fee is \$61.25 Due by May 1, 2008			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ROGON, MICHAEL 3830 SAWGRASS WAY #3021 NAPLES, FL 34112	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BASSANI, ANNE MARIE 3830 SAWGRASS WAY #2936 NAPLES, FL 34112	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MICHAEL ROGON 3830 SAWGRASS WAY #2941 NAPLES, FL 34112	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ART WILLENBORG 3820 SAWGRASS WAY #3021 NAPLES, FL 34112	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	GLENN MUELLER 3820 SAWGRASS WAY #3014 NAPLES, FL 34112	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
RECEIVED FEB 06 2008 CIU REV/ADM					
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: <u>Glenn Mueller</u> 1/28/08					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

ATTACHMENT

Business Professional Regulation

Charlie Crist, Governor
Holly Benson, Secretary

Division of Service Operations
Bureau of Central Intake
1940 North Monroe Street
Tallahassee, FL 32399-0783

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45024449
#103000005225

FEBRUARY 8, 2008

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
CORPORATE FILINGS
PO BOX 6327
TALLAHASSEE, FL 32314

RE: CORRESPONDENCE RETURN

TO WHOM IT MAY CONCERN:

THE DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION HAS RECEIVED THE ENCLOSED CORRESPONDENCE IN ERROR. THEREFORE, WE ARE FORWARDING THE DOCUMENT AND THE CHECK #005372 IN THE AMOUNT OF \$61.25 TO YOUR OFFICE TO HANDLE AS YOU DEEM NECESSARY.

IF YOU HAVE ANY QUESTIONS, PLEASE CALL THE NUMBER SHOWN BELOW.

SAT
ENCLOSURE