## 2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

## DOCUMENT# N03000005225

FILED Sep 28, 2009 Secretary of State

Entity Name: TERRACE VI AT CEDAR HAMMOCK ASSOCIATION, INC.

Current Principal Place of Business:	New Principal Place of Business:
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TROPICAL ISLES MGMT. C/O AMERICAN PROPERTY MANAGEMENT 12734 KENWOOD LANE, #49 4280 TAMIAMI TRAIL EAST #302 FORT MYERS, FL 33907

NAPLES, FL 34112

**Current Mailing Address:** New Mailing Address:

TROPICAL ISLES MGMT. C/O AMERICAN PROPERTY MANAGEMENT

4280 TAMIAMI TRAIL EAST #302 12734 KENWOOD LANE, #49 FORT MYERS, FL 33907

NAPLES, FL 34112

FEI Number: 05-0583980 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

TROPICAL ISLES MGMT. AMERICAN PROPERTY MANAGEMENT SVC

12734 KENWOOD LANE 4280 TAMIAMI TRAIL EAST 302 #49

FORT MYERS, FL 33907 US NAPLES, FL 34112 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: ORLANDO MISERANDINO ORTIZ 09/28/2009

> Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete () Change () Addition

ROGOW, MICHAEL Name: Name: 3830 SAWGRASS WAY #2941 Address: Address: City-St-Zip: NAPLES, FL 34112 City-St-Zip:

Title: () Delete Title: () Change () Addition

WILLENBORG, ART Name: Name: Address: 3820 SAWGRASS WAY #3021 Address: City-St-Zip: NAPLES, FL 34112 City-St-Zip:

Title: **PRES** () Delete Title: () Change () Addition

MUELLER, GLENN Name: Name: 3820 SAWGRASS WAY #3014 Address: Address: City-St-Zip: NAPLES, FL 34112 City-St-Zip:

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: GLENN MUELLER **PRES** 09/28/2009