


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Aug 31, 2006 8:00 am**  
**Secretary of State**

08-31-2006 90003 044 \*\*\*\*61.25

**DOCUMENT # N04000001100**

1. Entity Name  
 TERRACE IV AT CYPRESS TRACE ASSOCIATION, INC.



Principal Place of Business  
 TROPICAL ISLES MANAGEMENT  
 12734 KENWOOD LANE, SUITE 49  
 FORT MYERS, FL 33907

Mailing Address  
 TROPICAL ISLES MANAGEMENT  
 12734 KENWOOD LANE, SUITE 49  
 FORT MYERS, FL 33907

40102252



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

08282006 Chg-NP CR2E037 (4/06)

City & State

City & State

4. FEI Number  
 34-1984586

Applied For  
 Not Applicable

Zip Country

Zip Country

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

6. Name and Address of Current Registered Agent

~~SHIELDS, CHRISTOPHER J  
 1833 HENDRY STREET  
 FORT MYERS, FL 33901~~

Name  
 Street  
 City

7. Name and Address of New Registered Agent

  
 MANAGEMENT SERVICES, INC.  
 12734 Kenwood Ln., Suite 49  
 Ft. Myers, FL 33907

p Code

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  DATE 8/28/06

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25**  
**Due by September 6, 2006**

9. Election Campaign Financing Trust Fund Contribution.  \$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  Delete  
 NAME RUSSO, AUGIE  
 STREET ADDRESS 7376 TUMBLEBROOK  
 CITY-ST-ZIP NEW ALBANY, OH 43054

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE VP  Delete  
 NAME CICCARI, DICK  
 STREET ADDRESS 37 DEERWOOD MANOR  
 CITY-ST-ZIP NORWALK, CT 06851

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE STD  Delete  
 NAME SIMONE, MARIA ANN  
 STREET ADDRESS 11 WOODLANE DRIVE  
 CITY-ST-ZIP SOUTH LAWRENCE, FL 01843

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ASM  Delete  
 NAME ROEDDING, DON  
 STREET ADDRESS 12734 KENWOOD LANE  
 CITY-ST-ZIP FORT MYERS, FL 33907

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 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:  DATE 8/28/06 DAYTIME PHONE # (239) 935-2959

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR