

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000001100

FILED
Mar 03, 2009
Secretary of State

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

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 34-1984586

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TROPICAL MANAGEMENT SERVICES
12734 KENWOOD LN
SUITE 49
FORT MYERS, FL 33907 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: RUSSO, AUGIE
Address: 7376 TUMBLEBROOK
City-St-Zip: NEW ALBANY, OH 43054

Title: V () Delete
Name: RUTHERFORD, JACK
Address: 2740 CYPRESS TRACE CREEK #2739
City-St-Zip: NAPLES, FL

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: RUSSO, AUGGIE
Address: 1561 BISCAYNE WAY
City-St-Zip: MARCO ISLAND, FL 34145

Title: VP (X) Change () Addition
Name: RUTHERFORD, JACK
Address: 2740 CYPRESS TRACE CREEK #2739
City-St-Zip: NAPLES, FL 34119

Title: ST () Change (X) Addition
Name: CORCORAN, ED
Address: 291 RAYNOR AVENUE
City-St-Zip: WHITMAN, MA 02382

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

03/03/2009

Electronic Signature of Signing Officer or Director

Date