

# 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

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

CAM

03/03/2009

\_\_\_\_\_ Date