

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000002946

FILED
Jan 27, 2009
Secretary of State

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

Current Principal Place of Business:

C/O TROPICAL ISLES MGMT SERVICES
12734 KENWOOD LANE, SUITE 49
FT MYERS, FL 33907

New Principal Place of Business:

Current Mailing Address:

C/O TROPICAL ISLES MGMT SERVICES
12734 KENWOOD LANE, SUITE 49
FT MYERS, FL 33907

New Mailing Address:

FEI Number: 55-0883185

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROEDDING, DON
C/O TROPICAL ISLES MANAGEMENT SERVICES
12734 KENWOOD LANE, SUITE 49
FT 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: RUBINO, PAUL
Address: 184 SHETLAND DR
City-St-Zip: WILLAEARVILLE, NY 14221

Title: VP () Delete
Name: HELLE, JAMES
Address: 2750 CYPRESS TRACE CIRCLE
City-St-Zip: NAPLES, FL 34119

Title: ST () Delete
Name: NELSON, DONNA
Address: 2750 CYPRESS TRECE CIRCLE #2610
City-St-Zip: NAPLES, FL 34119

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
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: JEANNIE NESPOLI

CAM

01/27/2009

Electronic Signature of Signing Officer or Director

Date