

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 11, 2007 8:00 am
Secretary of State

09-11-2007 90005 006 ****61.25

DOCUMENT # N05000001404

1. Entity Name
TERRACE 1 AT OSPREY COVE CONDOMINIUM
ASSOCIATION, INC.



Principal Place of Business
C/O TROPICAL ISLES MGMT SERVICES, INC.
12734 KENWOOD LN., SUITE 49
FT. MYERS, FL 33907

Mailing Address
C/O TROPICAL ISLES MGMT SERVICES, INC.
12734 KENWOOD LN., SUITE 49
FT. MYERS, FL 33907

40102010



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

08022007 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number
20-2549186

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

7. Name and Address of New Registered Agent

TROPICAL ISLES MANAGEMENT SERVICES, INC.
12734 KENWOOD LN., SUITE 49
FT. MYERS, FL 33907

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by September 14, 2007

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 P
NAME WELLS, ADRIANNE
STREET ADDRESS 19760 OSPREY COVE BLVD., #141
CITY-ST-ZIP FT. MYERS, FL 33967 ☒ Delete

TITLE P
NAME Gary Whitaker
STREET ADDRESS 19760 Osprey cove Blvd #132
CITY-ST-ZIP Ft Myers, FL 33967 ☐ Change ☒ Addition

TITLE VP
NAME WRIGHT, ROB
STREET ADDRESS 19760 OSPREY COVE BLVD., #135
CITY-ST-ZIP FT. MYERS, FL 33967 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE T
NAME VASQUEZ, CARLOS
STREET ADDRESS 19760 OSPREY COVE BLVD., #146
CITY-ST-ZIP FT. MYERS, FL 33967 ☒ Delete

TITLE T
NAME Don Cappitti
STREET ADDRESS 19760 Osprey cove Blvd, #127
CITY-ST-ZIP Ft Myers, FL 33967 ☐ Change ☒ Addition

TITLE ASM
NAME REDDING, DON
STREET ADDRESS 12734 KENWOOD LN. #49
CITY-ST-ZIP FT. MYERS, FL 33907 ☒ Delete

TITLE ASM
NAME Mark Rudland
STREET ADDRESS 12734 Kenwood lane, ste 49
CITY-ST-ZIP Ft MYERS, FL 33907 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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:

MARK RUDLAND

9/6/07

219 939-2999

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #