

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 21, 2008 8:00 am
Secretary of State

07-21-2008 90028 016 ****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			
2. Principal Place of Business - No P.O. Box # 8359 Beacon Blvd. Suite 213 Ft. Myers, FL 33907		3. Mailing Address Suite 213 8359 Beacon Blvd. Suite 213 Ft. Myers, FL 33907				
4. FEI Number 20-2549186		Applied For <input type="checkbox"/> Not Applicable				
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required				
6. Name and Address of Current Registered Agent TROPICAL ISLES MANAGEMENT SERVICES, INC. 12734 KENWOOD LN., SUITE 49 FT. MYERS, FL 33907			7. Name and Address of New Registered Agent Name Street Hayden & Assoc 8359 Beacon Blvd. Suite 213 City Ft. Myers, FL 33907 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, the registered agent. SIGNATURE DATE 7-14-08 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>						
Filing Fee is \$61.25 Due by September 12, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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 WHITAKER, GARY STREET ADDRESS 19760 OSPREY COVE BLVD #132 CITY-ST-ZIP FT. MYERS, FL 33967	<input type="checkbox"/> Delete			TITLE ST NAME Robert Mackett STREET ADDRESS 19760 Osprey Cove Blvd #125 CITY-ST-ZIP Ft Myers FL 33967	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE VP NAME WRIGHT, ROB STREET ADDRESS 19760 OSPREY COVE BLVD., #135 CITY-ST-ZIP FT. MYERS, FL 33967	<input type="checkbox"/> Delete			TITLE M NAME Ken Hayden STREET ADDRESS 8359 Beacon Blvd. Suite 213 CITY-ST-ZIP Ft. Myers, FL 33907	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE T NAME CAPPITTI, DON STREET ADDRESS 19760 OSPREY COVE BLVD #127 CITY-ST-ZIP FT. MYERS, FL 33967	<input checked="" type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE ASM NAME RUDLAND, MARK STREET ADDRESS 12734 KENWOOD LN. #49 CITY-ST-ZIP FT. MYERS, FL 33907	<input checked="" type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> 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:				Ken Hayden 7-14-08 489-4890		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<small>Date Daytime Phone #</small>		