

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000001404

FILED
Mar 20, 2009
Secretary of State

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

Current Principal Place of Business:

8359 BEACON BLVD
SUITE 213
FT. MYERS, FL 33907

New Principal Place of Business:

8359 BEACON BLVD
SUITE 313
FT. MYERS, FL 33907

Current Mailing Address:

8359 BEACON BLVD
SUITE 213
FT. MYERS, FL 33907

New Mailing Address:

8359 BEACON BLVD
SUITE 313
FT. MYERS, FL 33907

FEI Number: 20-2549186

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HAYDEN & ASSOC
8359 BEACON BLVD, SUITE 213
FT. MYERS, FL 33907 US

Name and Address of New Registered Agent:

HAYDEN & ASSOCIATES
8359 BEACON BLVD, SUITE 313
FT. MYERS, FL 33907 US

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: KENNETH W. HAYDEN

03/20/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: WHITAKER, GARY
Address: 19760 OSPREY COVE BLVD #132
City-St-Zip: FT. MYERS, FL 33967

Title: VP () Delete
Name: WRIGHT, ROB
Address: 19760 OSPREY COVE BLVD., #135
City-St-Zip: FT. MYERS, FL 33967

Title: ST (X) Delete
Name: MACKETT, ROBERT
Address: 19760 OSPREY COVE BLVD, # 125
City-St-Zip: FT. MYERS, FL 33967

Title: M (X) Delete
Name: KEN, HAYDEN
Address: 8359 BEACON BLVD, SUITE 213
City-St-Zip: FT. MYERS, FL 33907

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: MCFADDEN, DANIEL
Address: 19750 OSPREY COVE BLVD. #246
City-St-Zip: FT. MYERS, FL 33967

Title: V (X) Change () Addition
Name: COLONNA, VINCE
Address: 19750 OSPREY COVE BLVD. #218
City-St-Zip: FT. MYERS, FL 33967

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: DANIEL MCFADDEN

P

03/20/2009

Electronic Signature of Signing Officer or Director

Date