

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

07-21-2008 90029 020 ****61.25

DOCUMENT # N05000003763 1. Entity Name TERRACE II AT OSPREY COVE CONDOMINIUM ASSOCIATION, INC.				 40	
Principal Place of Business 12734 KENWOOD LANE SUITE 49 FT MYERS, FL 33907		Mailing Address 12734 KENWOOD LANE 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 8359 Beacon Blvd. Suite 213 Ft. Myers, FL 33907 <small>City & State</small>			
Zip Country		Zip Country		07142008 Chg-NP CR2E037 (12/06) 4. FEI Number 20-2703803 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 LANE 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 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 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>				DATE 7-14-08	
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 NAME STREET ADDRESS CITY-ST-ZIP	D SCHLILFER, ALAN 8451 KINGBIRD LOOP #325 FORT MEYERS, FL 33967	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST Cora Myers 8451 Kingbird Loop #333 Ft Myers FL 339167	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LUFT, CAROL 28077 BOCCACCIO WAY NAPLES, FL 34108	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Carol Annand 8451 Kingbird Loop #333 Ft Myers FL 339167	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KOZLOFF, MIKE 81 SCCATOGUE AVE #42 FARMINGDALE, NY	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	M Ken Hayden 8359 Beacon Blvd. Suite 213 Ft. Myers, FL 33907	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASM RUDLAND, MARK 12734 KENWOOD LANE #49 FORT MYERS, FL 33907	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<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: Kent Hayden 7-14-08 231-489 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone</small>					