2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000003763

FILED Mar 23, 2009 Secretary of State

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

Current Principal Place of Business: New Principal Place of Business:

8359 BEACON BLVD. 8359 BEACON BLVD.

SUITE 213 SUITE 313

FORT MYERS, FL 33907 FORT MYERS, FL 33907

Current Mailing Address: New Mailing Address:

8359 BEACON BLVD. 8359 BEACON BLVD.

SUITE 213 SUITE 313

FORT MYERS, FL 33907 FORT MYERS, FL 33907

FEI Number: 20-2703803 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

HAYDEN & ASSOC.

8359 BEACON BLVD. SUITE 213

HAYDEN & ASSOCIATES
8359 BEACON BLVD. SUITE 313

FT MYERS, FL 33907 US 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 03/23/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: M () Delete Title: P (X) Change() Addition

 Name:
 HAYDEN, KEN
 Name:
 MYERS, CARA

 Address:
 8359 BEACON BLVD. SUITE 213
 Address:
 8451 KINGBIRD LOOP #333

Address: 8359 BEACON BLVD. SUITE 213 Address: 8451 KINGBIRD LOOP #33: City-St-Zip: FORT MYERS, FL 33907 City-St-Zip: FORT MYERS, FL 33967

Title: PST () Delete Title: V (X) Change () Addition

 Name:
 MYERS, CARA
 Name:
 WRIGHT, ROBERT

 Address:
 8451 KINGBIRD LOOP #333
 Address:
 8450 KINGBIRD LOOP #425

Address: 8451 KINGBIRD LOOP #333 Address: 8450 KINGBIRD LOOP #42
City-St-Zip: FORT MYERS, FL 33967 City-St-Zip: FORT MYERS, FL 33967

 $\label{eq:title:title:VP} \textit{Title:} \qquad \qquad \textit{YP} \qquad \qquad \textit{(X) Delete} \qquad \qquad \textit{Title:} \qquad \qquad \textit{() Change () Addition}$

 Name:
 ANNAND, CAROL
 Name:

 Address:
 8451 KINGBIRD LOOP #333
 Address:

 City-St-Zip:
 FORT MYERS, FL 33967
 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: CARA MYERS P 03/23/2009