

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 30, 2008 8:00 am
Secretary of State

05-30-2008 90214 021 ****61.25

DOCUMENT # N05000004400 1. Entity Name TERRACE II AT RIVERWALK CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 10481 SIX MILE CYPRESS PARKWAY FT. MYERS, FL 33912			Mailing Address 10481 SIX MILE CYPRESS PARKWAY FT. MYERS, FL 33912		
2. Principal Place of Business - No P.O. Box # Schoo Management		3. Mailing Address 9411-2 Cypress Lake Drive			
Suite, Apt. #, etc. #2		Suite, Apt. #, etc. #2		05012008 Chg-NP CR2E037 (12/06)	
City & State FL Myers FL		City & State FL Myers FL		4. FEI Number 20-2772759	
Zip 33919		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SHIELDS, CHRISTOPHER J. 1833 HENDRY STREET FORT MYERS, FL 33901				7. Name and Address of New Registered Agent Name Robert Gelles Street Address (P.O. Box Number is Not Acceptable) Schoo Management 9411-2 Cypress Lake Dr City FL Zip Code 33919	
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 Robert E. Gelles / CAM 4/30/08 <small>(NOTE: Registered Agent signature required upon reinstatement)</small>					
Filing Fee is \$61.25 Due by May 1, 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 PROCANCE, TAMI 8320 WHISKEY PRESERVE CR. #328 FORT MYERS, FL 33919	<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	D UNRUH, OWEN 8320 WHISKEY PRESERVE CR. #344 FORT MYERS, FL 33919	<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	D BRAMEL, BOB 8320 WHISKEY PRESERVE CR. #415 FORT MYERS, FL 33919	<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	ASM HEDRICK, CHAD 8320 WHISKEY PRESERVE CR. #49 FORT MYERS, FL 33907	<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	<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	<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: Tami Procance 4-22-08 239-481-4200 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					