

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000004400

FILED
Feb 04, 2009
Secretary of State

Entity Name: TERRACE II AT RIVERWALK CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

SCHOO MGMT
9411-2 CYPRESS LAKE DR #2
FORT MYERS, FL 33919

New Principal Place of Business:

SCHOO MGMT
9411 CYPRESS LAKE DR SUITE 2
FORT MYERS, FL 33919 US

Current Mailing Address:

10481 SIX MILE CYPRESS PARKWAY
FT. MYERS, FL 33912

New Mailing Address:

9411 CYPRESS LAKE DRIVE SUITE 2
FT. MYERS, FL 33912 US

FEI Number: 20-2772759

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GELLES, ROBERT
SCHOO MGMT
9411-2 CYPRESS LAKES DR
FORT MYERS, FL 33919 US

Name and Address of New Registered Agent:

GELLES, ROBERT E
SCHOO MGMT
9411-2 CYPRESS LAKES DR
FORT MYERS, FL 33919 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: ROBERT E. GELLES

02/04/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: PROCANCE, TAMI
Address: 8320 WHISKEY PRESERVE CR. #328
City-St-Zip: FORT MYERS, FL 33919

Title: D () Delete
Name: UNRUH, OWEN
Address: 8320 WHISKEY PRESERVE CR. #344
City-St-Zip: FORT MYERS, FL 33919

Title: D () Delete
Name: BRAMEL, BOB
Address: 8320 WHISKEY PRESERVE CR. #415
City-St-Zip: FORT MYERS, FL 33919

Title: ASM (X) Delete
Name: HEDRICK, CHAD
Address: 8320 WHISKEY PRESERVE CR. #49
City-St-Zip: FORT MYERS, FL 33907

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: PROVENCE, TAMMY
Address: 8320 WHISKEY PRESERVE CR. #328
City-St-Zip: FORT MYERS, FL 33919 US

Title: VP (X) Change () Addition
Name: BRAMEL, ROBERT
Address: 8331 WHISKEY PRESERVE CR. #415
City-St-Zip: FORT MYERS, FL 33919 US

Title: S/T (X) Change () Addition
Name: UNRUH, OWEN
Address: 8320 WHISKEY PRESERVE CR. #344
City-St-Zip: FORT MYERS, FL 33919 US

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: TAMMY PROVENCE

PRES

02/04/2009

Electronic Signature of Signing Officer or Director

Date