

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 31, 2006 8:00 am
Secretary of State

07-21-2006 90027 018 ****61.25

DOCUMENT # N05000006019			
1. Entity Name TERRACE III AT OSPREY COVE CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business 10481 SIX MILE CYPRESS PARKWAY FORT MYERS, FL 33912		Mailing Address 10481 SIX MILE CYPRESS PARKWAY FORT MYERS, FL 33912	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address <div style="text-align: center;"> Tropical Isles MANAGEMENT SERVICES, INC. 12734 Kenwood Ln., Suite 49 Ft. Myers, FL 33907 </div>	
City & State		4. FEI Number 07142006 Chg-NP CR2E037 (4/06) 20-3013754	
Zip		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: <u>Tropical Isles</u> Street Address (P.O. Box Number is Not Acceptable): 12734 Kenwood Lane Suite 49 City: <u>Fort Myers</u> FL Zip Code: <u>33907</u>	
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. <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> SIGNATURE <small>Signature, typed or printed name of registered agent and title if applicable</small> </div> <div style="width: 45%;"> <small>(NOTE: Registered Agent signature required when registering)</small> </div> <div style="width: 10%; text-align: right;"> 8/28/06 <small>DATE</small> </div> </div>			
Filing Fee is \$61.25 Due by September 8, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete SPECTOR, GAIL 10481 SIX MILE CYPRESS PARKWAY FORT MYERS, FL 33912	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Asm Gil Kidchil 12734 Kenwood Ln. #49 Fort Myers FL 33907
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete MCMURRAY, DARIN 10481 SIX MILE CYPRESS PARKWAY FORT MYERS, FL 33912	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete HAGAN, JOHN 10481 SIX MILE CYPRESS PARKWAY FORT MYERS, FL 33912	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: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Asm 7/17/06 259.939 2999 <small>Date Daytime Phone #</small>	

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