

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

07-21-2008 90029 022 ****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 12734 KENWOOD LN SUITE 49 FORT 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			
Zip 33907		Country USA		4. FEI Number 20-3013754	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		Applied For <input type="checkbox"/> Not Applicable			
6. Name and Address of Current Registered Agent TROPICAL ISLES 12734 KENWOOD LN SUITE 49 FORT MYERS, FL 33907			7. Name and Address of New Registered Agent Name Hayden & Assoc Street 8359 Beacon Blvd. Suite 213 City Ft. Myers, FL 33907		
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 7-14-08 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
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	P SEARFF, SUSAN 8550 KINGBIRD LOOP #625 FT MYERS, FL 33967	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SCHNELL, SHERRY 8500 SEDIAN CIRCLE FORT MYERS, FL 33912	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CERAR, PETER 8570 KINGBIRD LOOP #520 FT MYERS, FL 33967	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASM RUDLAND, MARK 12734 KENWOOD LN SUITE 49 FORT MYERS, FL 33907	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Dennis Calabrese 8550 Kingbird Loop #618 Ft Myers FL 33967	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST Mary Mueller 8570 Kingbird Loop #519 Ft Myers FL 33967	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
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	VP Dennis Calabrese 8550 Kingbird Loop #618 Ft Myers FL 33967	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST Mary Mueller 8570 Kingbird Loop #519 Ft Myers FL 33967	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M Ken Hayden 8359 Beacon Blvd. Suite 213 Ft. Myers, FL 33907	<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 life empowered.					
SIGNATURE: Kent Hayden 7-14-08 2391 4891-4890 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					