

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000006019

FILED
Mar 18, 2009
Secretary of State

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

Current Principal Place of Business:

8359 BEACON BLVD, SUITE 213
FORT MYERS, FL 33907

New Principal Place of Business:

8359 BEACON BLVD,
SUITE 313
FORT MYERS, FL 33907

Current Mailing Address:

8359 BEACON BLVD, SUITE 213
FORT MYERS, FL 33907

New Mailing Address:

8359 BEACON BLVD,
SUITE 313
FORT MYERS, FL 33907

FEI Number: 20-3013754

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HAYDEN & ASSOC.
8359 BEACON BLVD, SUITE 213
FORT MYERS, FL 33907 US

Name and Address of New Registered Agent:

HAYDEN & ASSOCIATES
8359 BEACON BLVD,
SUITE 313
FORT 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

03/18/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SEARFF, SUSAN
Address: 8550 KINGBIRD LOOP #625
City-St-Zip: FT MYERS, FL 33967

Title: VP () Delete
Name: CALABRESA, DENNIS
Address: 8550 KINGBIRD LOOP #618
City-St-Zip: FORT MYERS, FL 33967

Title: ST () Delete
Name: MUELLER, MARY
Address: 8570 KINGBIRD LOOP
City-St-Zip: FORT MYERS, FL 33967

Title: M (X) Delete
Name: HAYDEN, KEN
Address: 8359 BEACON BLVD. SUITE 213
City-St-Zip: FORT MYERS, FL 33907

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: MUELLER, MARY
Address: 8570 KINGBIRD LOOP #519
City-St-Zip: FT MYERS, FL 33967

Title: VT (X) Change () Addition
Name: FRY, SUZANNE
Address: 8570 KINGBIRD LOOP #546
City-St-Zip: FORT MYERS, FL 33967

Title: S (X) Change () Addition
Name: DONNELLY, ANTHONY
Address: 8570 KINGBIRD LOOP #513
City-St-Zip: FORT MYERS, FL 33967

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: MARY MUELLER

P

03/18/2009

Electronic Signature of Signing Officer or Director

Date