


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Aug 03, 2007 8:00 am**  
**Secretary of State**

08-03-2007 90020 010 \*\*\*\*61.25

**DOCUMENT # N05000006821**

1. Entity Name  
**TERRACE IV AT RIVERWALK CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business  
**12734 KENWOOD LANE, STE 49  
 FORT MYERS, FL 33907**

Mailing Address  
**12734 KENWOOD LANE, STE 49  
 FORT MYERS, FL 33907**



2. Principal Place of Business - No P.O. Box #  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

3. Mailing Address  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

07242007 Chg-NP CR2E037 (12/06)

4. FEI Number  
**20-3411227**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$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  
**TROPICAL ISLES MANAGEMENT SERVICE**  
 Street Address (P.O. Box Number is Not Acceptable)  
**12734 KENWOOD LANE, SUITE 4A**  
 City **FT MYERS** FL Zip Code **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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

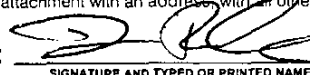
**Filing Fee is \$61.25 Due by September 14, 2007**

9. Election Campaign Financing Trust Fund Contribution.  **\$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	<b>D</b> <b>SORENSEN, ANDY</b> <b>10481 SIX MILE CYPRESS PARKWAY</b> <b>FT MYERS, FL 33912</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>THRON, DANIEL</b> <b>10481 SIX MILE CYPRESS PARKWAY</b> <b>FORT MYERS, FL 33912</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>HAGAN, JOHN</b> <b>10481 SIX MILE CYPRESS PARKWAY</b> <b>FT MYERS, FL 33912</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ASM</b> <b>ROEDDING, DON</b> <b>12734 KENWOOD LANE, STE 49</b> <b>FORT MYERS, FL 33907</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		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 an other like empowered.

**SIGNATURE:**  **Don Roedding** **7/24/07** **855-2551**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #