

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000007877

FILED
Mar 20, 2009
Secretary of State

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

Current Principal Place of Business:

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

New Principal Place of Business:

HAYDEN & ASSOCIATES
8359 BEACON BLVD. STE 313
FORT MYERS, FL 33907

Current Mailing Address:

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

New Mailing Address:

HAYDEN & ASSOCIATES
8359 BEACON BLVD. STE 313
FORT MYERS, FL 33907

FEI Number: 20-3485900

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HAYDEN, KEN
8359 BEACON BLVD. STE 213
FORT MYERS, FL 33907 US

Name and Address of New Registered Agent:

HAYDEN & ASSOCIATES
8359 BEACON BLVD. STE 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

03/20/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: JOHNSON, DAVID
Address: 8490 KINGBIRD LOOP #950
City-St-Zip: FT MYERS, FL 33967

Title: VP () Delete
Name: SMITH, HAWLEY
Address: 8490 KINGBIRD LOOP #919
City-St-Zip: FT MYERS, FL 33967

Title: ST () Delete
Name: BELLEVANCE, RICHARD
Address: 8490 KINGBIRD LOOO #914
City-St-Zip: FT MYERS, FL 33967

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: V (X) Change () Addition
Name: SAFRON, RICK
Address: 8470 KINGBIRD LOOP #1030
City-St-Zip: FT MYERS, FL 33967

Title: ST (X) Change () Addition
Name: BELLEVANCE, RICHARD
Address: 8490 KINGBIRD LOOP #914
City-St-Zip: FT MYERS, FL 33967

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: DAVID JOHNSON

P

03/20/2009

Electronic Signature of Signing Officer or Director

Date