

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000001911

FILED
Mar 15, 2009
Secretary of State

Entity Name: TERRAPIN WOOD PROPERTY OWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

6721 BLAKE PLEDGER CT.
NORTH FORT MYERS, FL 33917 US

New Principal Place of Business:

Current Mailing Address:

6721 BLAKE PLEDGER CT.
NORTH FORT MYERS, FL 33917 US

New Mailing Address:

FEI Number: 65-0677989

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

POWELL, GEORGE A
6731 TERRAPIN CT
NORTH FORT MYERS, FL 33917 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: POWELL, ANDY
Address: 6731 TERRAPIN CT
City-St-Zip: NORTH FORT MYERS, FL 33917

Title: VTD () Delete
Name: AMBROSE, JOSEPH
Address: 6721 BLAKE PLEDGER CT
City-St-Zip: NORTH FORT MYERS, FL 33917

Title: DS () Delete
Name: COLUMBO, DON
Address: 6750 TERRAPIN CT
City-St-Zip: NORTH FORT MYERS, FL 33917

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: VPD (X) Change () Addition
Name: FORE, GORDY
Address: 6721 BLAKE PLEDGER CT.
City-St-Zip: NORTH FORT MYERS, FL 33917

Title: DS () Change (X) Addition
Name: MORRISON, ROBERT
Address: 6730 TORTOISE RUN CT.
City-St-Zip: NORTH FORT MYERS, FL 33917

Title: D () Change (X) Addition
Name: FAULKNER, JAMES
Address: 6751 BLAKE PLEDGER CT.
City-St-Zip: NORTH FORT MYERS, FL 33917

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: JOSEPH AMBROSE

DT

03/15/2009

Electronic Signature of Signing Officer or Director

Date