

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N02000001936

**Entity Name:** TERRACE IV AT CEDAR HAMMOCK ASSOCIATION, INC.

**Current Principal Place of Business:**

12734 KENWOOD LANE, SUITE 49  
FT. MYERS, FL 33907

**Current Mailing Address:**

12734 KENWOOD LANE, SUITE 49  
FT. MYERS, FL 33907

**FEI Number:** 03-0466797

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

TROPICAL ISLES MANAGEMENT  
12734 KENWOOD LANE  
SUITE 49  
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:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title S/T  
Name SCHIAVO, BOB  
Address 12734 KENWOOD LANE #49  
City-State-Zip: FORT MYERS FL 33907

Title VP  
Name GEROLD, ROY  
Address 12734 KENWOOD LANE #49  
City-State-Zip: FORT MYERS FL 33907

Title P  
Name GOBRON, JACK  
Address 12734 KENWOOD LANE #49  
City-State-Zip: FORT MYERS FL 33907

*I hereby 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 all other like empowered.*

**SIGNATURE:** JACK GOBRON

P

03/28/2014

Electronic Signature of Signing Officer/Director Detail

Date