2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2024
Secretary of State
2331823301CC

DOCUMENT# N13000003895

Entity Name: TERRACE II AT TREVISO BAY CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

C/O ABILITY MANAGEMENT
6736 LONE OAK BLVD
NAPLES, FL 34109

Current Mailing Address:

C/O ABILITY MANAGEMENT
6736 LONE OAK BLVD
NAPLES, FL 34109 US

FEI Number: 46-2658838

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ABILITY MANAGEMENT
C/O ABILITY MANAGEMENT
6736 LONE OAK BLVD
NAPLES, FL 34109 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: DENNIS LIVELY 04/25/2024

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

Title	PRESIDENT	Title	TREASURER
Name	MCGRATH, MONICA	Name	CAMPBELL, FRED
Address	C/O CAMBRIDGE PROPERTY MANAGEMENT 2335 TAMIAMI TRAIL NORTH #402	Address	C/O CAMBRIDGE PROPERTY MANAGEMENT 2335 TAMIAMI TRAIL NORTH #402
City-State-Zip:	NAPLES FL 34103	City-State-Zip:	NAPLES FL 34103
Title	DIRECTOR	Title	SECRETARY
Name	LAINO , MARC	Name	HOLTGREFE, BOB
Address	C/O CAMBRIDGE PROPERTY MANAGEMENT 2335 TAMIAMI TRAIL NORTH #402	Address	C/O CAMBRIDGE PROPERTY MANAGEMENT 2335 TAMIAMI TRAIL NORTH #402
City-State-Zip:	NAPLES FL 34103	City-State-Zip:	NAPLES FL 34103
Title	DIRECTOR		
Name	TONIONI, RICH		
Address	2335 TAMIAMI TRAIL NORTH SUITE 402 CAMBRIDGE PROPERTY MANAGEMENT #402		
City-State-Zip:	NAPLES FL 34103		

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: MONICA MCGRATH PRESIDENT 04/25/2024

Electronic Signature of Signing Officer/Director Detail — Date