## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

**1998**DOCUMENT # N

N9600002004 (7)

TERRACE II AT PRESTWICK ASSOCIATION, INC.

FILED
May 27 1998 8:00am
Secretary of State

TENNACE II AT PRESTWICK ASSOCIATION, INC.				
Principal Place of Business		Mailing Address		† (60)(10); DIR INTIIN DIIII BOIII BOIII BOIII BUIII BUIII BOIII BOIII BOIII BOIII
		10491 SIX MILE CYPRESS PARKWAY STE 101 FORT MYERS FL 33912		3. Date Incorporated or Qualified  04/10/1996  4. FEI Number  Applied For
<b>A D</b> issipat Di	and Divisions	2a. Malling Address		65-0674104 Not Applicable
	ace of Business DEnterprise Avenue		مرنح ۵۰۰۰	5. Certificate of Status Desired Section Section 5. Section 5. Section 5. Section 5. Section 5. Section 5. Section 6. Sec
Suite, Apt.	#. etc.	Suite, Apt. #, etc.	Prize Lo	6. Election Campaign Financing \$5.00 May Be
22 Suit		27 Suite A		Trust Fund Contribution Added to Fees
City & State		City & State		7. Is this nonprofit corporation a homeowners association?
	es, Fl	28 Naples FC		☐ Yes ☐ No
Zip_	Country 4	Zip	Country	8. This corporation owes or has paid the current year Intangible
24 3410	100 CD 11 1C1	29 34104 3	O Collier	Personal Property Tax due June 30. Yes No
	9. Name and Address of Current	Registered Agent	81 Name	10. Name and Address of New Registered Agent
SWALM & MURRELL PA 2375 TAMAMI TRAIL NO. STE 308 NAPLES FL 33940			62 Street / 4(60)	Address (P.O. Box Number is Not Acceptable) O Enter prise, Avenue
,				Vaples FL 85 Zip Code 34104
11. Pursuant to No provisions of Sections 617.0502 and 617.0508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familia with, and accept the obligations of, Section 617.0503, Florida Statutes RUSSEII.  Signature, typebor printed name of registered agent and tille it applicable. (NOTE: Registered required when rejustating).  DATE				
12.	Signature, type or printed name of registered agont OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D	DELETE	1.1 TITLE	Change Addition
NAME	PERSICHILLI, ANTHONY	·	1.2 NAME	Ken Schultz
STREET ADDRESS	10491 SIX MILE CYPRESS PAR	KWAY STE 101	1.3 STREET ADDRESS	8555 Naples Heritage Drive \$ 282
CITY-ST-ZIP	FORT MYERS FL 33912		1.4 CITY - ST - ZIP	Naples, FL 34112
TITLE	D	<b>▼</b> DELETE	2.1 TITLE	VPD Change & Addition
NAME	MCMURRAY, DARIN		2.2 NAME	8555 Naples Heritage Drive # 219
STREET ADDRESS	10491 SIX MILE CYPRESS PAR	KWAY STE 101	2.3 STREET ADDRESS	Naples, FL 34112
CITY-ST-ZIP	FORT MYERS FL 33912		2. 4 CITY-ST-ZIP	
TITLE	D	DELETE	3.1 TITLE	John Goodlet
NAME	BURNS, ALAN		3.2 NAME	8555 Naples Heritage Drive 244
STREET ADDRESS	10491 SIX MILE CYPRESS PAR	KWAY STE 101	3.3 STREET ADDRESS	Naples, FL 34112
CITY-ST-ZIP	FORT MYERS FL 33912	☐ DELETE	3.4. C/TY - ST - Z/P	Change Addition
TITLE			4.1 TITLE	C change C Addition
NAME			4. 2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP		☐ DÉLETE	4.4 CITY - ST - ZIP 5.1 TITLE	☐ Change ☐ Addition
TITLE			5.2 NAME	
NAME STREET ADDRESS			5.3 STREET ADDRESS	
			5.4 City-St-Zip	
CITY-ST-ZIP		DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	
	andly that the information europtied with	this filing does not qualify for		ad in Section 119 07(3)(i) Florida Statutes, I further certify that the Information

1. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the Information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed; or on an attachment with an address.

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5-1-98

941-434-6100