FILE NOW: FILING FEE IS \$61.25

NONPROFIT **CORPORATION** ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999

DOCUMENT # N9600002004

TERRACE II AT PRESTWICK ASSOCIATION, INC.

Principal Place of Business

2. Principal Place of Business

4600 ENTERPRISE AVENUE

STE A NAPLES FL 34104

Mailing Address

4600 ENTERPRISE AVENUE

STE A

NAPLES FL 34104

2a. Mailing Address

FILED Mar 26, 1999 8:00 am secretary of State

03-26-1999 90021 032 ****61.25

Applied For

3. Date Incorporated or Qualifed

04/10/1996

4. FEI Number

22	, , , , , , , , , , , , , , , , , , , ,	27					65-0674104		Not	Applicable			
27 27			State						\$8.75 Additional				
23	-	28			_ ~		-5. Certificate of Status Desired		Fee Req	uired			
Zip				Country	,			\$5.00 N	May Be				
24	25	29	30				6. Election Campaign Financing Trust Fund Contribution		Added to Fees				
2-4	10. Name and Address of New Registered Agent												
	81	Name											
WRIGHT, RUSSELL J						Address (D.O. Boy Number is Net Assentable)							
						82 Street Address (P.O. Box Number is Not Acceptable)							
4600 ENTERPRISE AVENUE													
STE A NAPLES FL 34104									ine 7in C				
NAPLES F	L 34104			84	City			FL	85 Zip Co	oue			
44 Depart to the application of Sections 617 0503 and 617 1508. Florida Statutes the above-paged compration 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 familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.													
SIGNATURE								DATE		\			
	Signature, typed or printed name of registered egent a			gistered Age	nt signature	required v	when reinstating) ADDITIONS/CHANGES TO OF		D DIRECTOR	RS IN 12			
12.	OFFICERS AND	DIRECTORS	DELETE	1.1 TITLE		-	ADDITIONO/OTENTOLO TO OF		Change	Addition			
TITLE	PD		□ occeie	1.1 NAME									
NAME	SCHULTZ, KEN	# 000											
STATE OF THE LESS THE THE THE STATE OF THE S					T ADDRESS					j			
CITY-ST-ZIP	NAPLES FL 34112		III de exe	1.4 CITY-5	IT-ZIP	-		ω.Λ	hanne	☐ Addition			
TITLE	VPD		ØELETE 2.1 π			100	oseph Salern 555 NAPles H	a Abn	gg Change				
NAME	DAVISON, KEITH			2.2 NAME	-	183	555 MAPLES H	erita	ge Dr.	#222			
STREET ADDRESS	8555 NAPLES HERITAGE DRIVE,	#219	!		TADDRES\$	11/4	aples. FL 3411	7	•				
CITY-ST-ZIP	NAPLES FL 34112			2. 4 CITY-	ST-ZIP	/0/	721631 (2 2 411		Change	Addition			
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NAME	goodlet, John			3.2 NAME		1				ļ			
STREET ADDRESS	8555 NAPLES HERITAGE DRIVE,	#244		3.3 STREE	TADDRESS	i				ĺ			
CITY-ST-ZIP	NAPLES FL 34112			3.4. CITY-	ST-ZIP	-			T 01				
TITLE			☐ DELETE	4.1 TITLE					Change	☐ Addition			
NAME				4. 2 NAME									
STREET ADDRESS	•			4.3 STREE	T ADDRESS					Í			
CITY-ST-ZIP				4.4 CITY-5	ST-ZIP	 							
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NAME	- 34162			5.2 NAME									
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CITY-ST-ZIP	out the state of t			5.4 CITY-5	ST-ZIP	<u> </u>							
TITLE			☐ DELETE	6.1 TITLE					Change	☐ Addition			
NAME				6.2 NAME						Ì			
STREET ADDRESS				6.3 STREE	TADORESS	5])			
CITY-ST-ZIP			_	6.4 CITY-5		1							
14 I hereby	certify that the information supplied with	this filing doe	e not qualify for th	e exemp	tion state	d in Se	ection 119 07(3)(i) Florida Statutes.	I further cer	tify that the in	formation			

Interest certain me minimation supplied with this liming does not quality for the exemption stated in Section 119.07(3)(i), Fronce Statutes. I further certay that the information 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 addless, with all other like empowered.

SIGNATURE: