

2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

**FILED
Apr 07, 2009
Secretary of State**

DOCUMENT# N96000002004

Entity Name: TERRACE II AT PRESTWICK ASSOCIATION, INC.

Current Principal Place of Business:

BAYVIEW PROPERTY MGMT
4600 ENTERPRISE AVE., STE A
NAPLES, FL 34104 US

New Principal Place of Business:

TROPICAL ISLES MANAGEMENT
12734 KENWOOD LANE #49
FORT MYERS, FL 33907 US

Current Mailing Address:

BAYVIEW PROPERTY MGMT
4600 ENTERPRISE AVE., STE A
NAPLES, FL 34104 US

New Mailing Address:

TROPICAL ISLES MANAGEMENT
12734 KENWOOD LANE #49
FORT MYERS, FL 33907 US

FEI Number: 65-0674104 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

TROPICAL ISLES MANAGEMENT
12734 KENWOOD LANE
STE 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: MILISSA LINDSEY

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DV () Delete
Name: WEST, ROYAL
Address: 8555 NAPLES HERITAGE DR #216
City-St-Zip: NAPLES, FL 34112

Title: P (X) Change () Addition
Name: GOODLET, JOHN
Address: 8555 NAPLES HERITAGE DR #224
City-St-Zip: NAPLES, FL 34112

Title: DTS () Delete
Name: HALPERN, MURRAY
Address: 8555 NAPLES HERITAGE DR #225
City-St-Zip: NAPLES, FL 34113

Title: VP (X) Change () Addition
Name: HALPERN, MURRAY
Address: 8555 NAPLES HERITAGE DR #225
City-St-Zip: NAPLES, FL 34113

Title: PD () Delete
Name: GOODLET, JOHN
Address: 8555 NAPLES HERITAGE DRIVE, #244
City-St-Zip: NAPLES, FL 34112

Title: ST (X) Change () Addition
Name: CARADONNA, FRANK
Address: 8555 NAPLES HERITAGE DRIVE, #222
City-St-Zip: NAPLES, FL 34112

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: MILISSA LINDSEY

RA

04/07/2009

Electronic Signature of Signing Officer or Director

Date