

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000002004

FILED  
Mar 27, 2010  
Secretary of State

**Entity Name:** TERRACE II AT PRESTWICK ASSOCIATION, INC.

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

FEI Number: 65-0674104      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

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

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

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

**OFFICERS AND DIRECTORS:**

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

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

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

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: JOHN GOODLET

P

03/27/2010

Electronic Signature of Signing Officer or Director

Date