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FILED
May 27 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N96000002010 (4)**

1. Corporation Name

TERRACE I AT PRESTWICK ASSOCIATION, INC.



Principal Place of Business 10491 SIX MILE CYPRESS PARKWAY STE 101 FORT MYERS FL 33912	Mailing Address 10491 SIX MILE CYPRESS PARKWAY STE 101 FORT MYERS FL 33912
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3. Date Incorporated or Qualified 04/10/1996
4. FEI Number 65-0674103
Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business 21 4600 Enterprise Avenue Suite, Apt. #, etc. 22 Suite A City & State 23 Naples, FL Zip 24 34104	2a. Mailing Address 25 4600 Enterprise Avenue Suite, Apt. #, etc. 26 Suite A City & State 27 Naples, FL Zip 28 34104
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5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent SWALM & MURRELL PA 2375 TAMAMI TRAIL NO. STE 308 NAPLES FL 33940
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10. Name and Address of New Registered Agent 81 Name Wright Russell J. 82 Street Address (P.O. Box Number is Not Acceptable) 4600 Enterprise Avenue 83 Suite A 84 City Naples 85 Zip Code FL 34104

11. Pursuant to the provisions of Sections 617.0502 and 617.1503, 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 familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE *Russell Wright* **5-1-98**
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	PERSICILLI, ANTHONY
STREET ADDRESS	10491 SIX MILE CYPRESS PARKWAY STE 101
CITY-ST-ZIP	FORT MYERS FL 33912
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	MCMURRAY, DARIN
STREET ADDRESS	10491 SIX MILE CYPRESS PARKWAY STE 101
CITY-ST-ZIP	FORT MYERS FL 33912
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	BURNS, ALAN
STREET ADDRESS	10491 SIX MILE CYPRESS PARKWAY STE 101
CITY-ST-ZIP	FORT MYERS FL 33912
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	PD Christoph Zierhut
1.3 STREET ADDRESS	8505 Naples Heritage Drive # 116
1.4 CITY-ST-ZIP	Naples, FL 34112
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	VPD William Schiraldi
2.3 STREET ADDRESS	8505 Naples Heritage Drive # 144
2.4 CITY-ST-ZIP	Naples, FL 34112
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	STD Robert Jacobs
3.3 STREET ADDRESS	8505 Naples Heritage Drive # 118
3.4 CITY-ST-ZIP	Naples, FL 34112
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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.

SIGNATURE *Robert Jacobs* **5-1-98**

CR2E037 (10/97)