06221999-90010-045-$65.00-$65.00

CORPORATION ANNUAL REPORT
1999

Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jun 22, 1999 8:00 am
Secretary of State
06-22-1999 90010 045 ****65.00

DOCUMENT # N97-00000-2827E

1. Corporation Name
TERRACE I AT STONEYBROOK
%GULF COAST MANAGEMENT SERVICES
10060 AMBERWOOD RD STE 4
FT MYERS FL 33913

Principal Place of Business
~~4500 EXECUTIVE DR.~~
~~SUITE 300~~
~~NAPLES FL 34119~~
~~US~~

Mailing Address
GULF COAST MGMT SVCS.
10060 AMBERWOOD RD #4
FT MYERS FL 33913
US

2. Principal Place of Business
21 10060 Amberwood Road

Suite, Apt. #, etc.
22 4

City & State
23 Fort Myers FL

Zip 24 33913 Country 25 US

2a. Mailing Address
26

Suite, Apt. #, etc.
27

City & State
28

Zip 29 Country 30

3. Date Incorporated or Qualified
3-12-98

4. FEI Number
65-0758846
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

BOB GELLES
% GULF COAST MGMT SVCS
10060 AMBERWOOD RD #3
FT MYERS FL 33913

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number Is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 Robert E. Gelles Robert E. Gelles 6/30/99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	RALPH FERRIGNO	1.2 NAME	
STREET ADDRESS	481 BUCK ISLAND RD 26A	1.3 STREET ADDRESS	
CITY-ST-ZIP	W YARMOUTH MA 02673	1.4 CITY-ST-ZIP	
TITLE	VD ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	DANIEL STONE	2.2 NAME	
STREET ADDRESS	7505 STONEYBROOK DR #718	2.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL 34112	2.4 CITY-ST-ZIP	
TITLE	STD ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	BOB MCEVOY	3.2 NAME	
STREET ADDRESS	8906 SW 150TH NORTH CT CIR	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33196	3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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, with all other like empowered.

SIGNATURE: Ralph Ferrigno R. Ralph Ferrigno 6-1-99 (941)561-1600
SIGNATURE AND TITLE OF OFFICER OR DIRECTOR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #