

**2000 UNIFORM BUSINESS REPORT (UBR)**

6/9

**FILED**  
**Jul 05, 2000 8:00 am**  
**Secretary of State**

06-09-2000 90010 049 \*\*\*\*61.25

**DOCUMENT # N97000002827**

1. Entity Name

**TERRACE I AT STONEYBROOK ASSOCIATION, INC.**

*R*

Principal Place of Business

Mailing Address

10060 AMBERWOOD ROAD  
 #4  
 FORT MYERS FL 33913  
 US

GULF COAST MGMT SVCS  
 10060 AMBERWOOD RD #3  
 FORT MYERS FL 33913-8522  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0758846

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name *BRYAN E Cruz*

Street Address (P.O. Box Number is Not Acceptable)

*% Gulf Coast Mgmt SVCS*

*10060 Amberwood RD #4*

City *FT MYERS FL*

FL

Zip Code *33913*

8. 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

*Bryan E Cruz*

*5-27-00*

FILE NOW:  
 FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD  Delete  
 NAME FERRIGNO, RALPH  
 STREET ADDRESS 481 BUCK ISLAND RD #26A  
 CITY-ST-ZIP WEST YARMOUTH MA 02873

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE VD  Delete  
 NAME STONE, DANIEL  
 STREET ADDRESS 7505 STONEYBROOK DR #718  
 CITY-ST-ZIP NAPLES FL 34112

TITLE  Change  Addition  
 NAME *DAN Stone*  
 STREET ADDRESS *7505 Stoneybrook #718*  
 CITY-ST-ZIP *NAPLES FL 34112*

TITLE STD  Delete  
 NAME MCEVOY, BOB  
 STREET ADDRESS 8906 SW 150TH NORTH CT CIR  
 CITY-ST-ZIP MIAMI FL 33196

TITLE  Change  Addition  
 NAME *STD MCEVOY Bob*  
 STREET ADDRESS *8906 SW 150 North CT Miami FL 33196*

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Ralph Ferrigno*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*5-27-00*

Date

*741-561400*

Daytime Phone #

CR2E037 (9/99)