

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2002 8:00 am
Secretary of State

0046622

DOCUMENT # N97000002827

1. Entity Name

TERRACE I AT STONEYBROOK ASSOCIATION, INC.

04-02-2002 90107 032 ****61.25

Principal Place of Business

Mailing Address

Gulf Coast Management Svcs, Inc
10060 Amberwood Rd. Suite 4
Ft. Myers, FL 34135

Gulf Coast Management Svcs, Inc.
10060 Amberwood Rd. Suite 4
Ft. Myers, FL 34135



DO NOT WRITE IN THIS SPACE

Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number 65-0758846		Applied For	
City & State		City & State				Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
HAYDEN, KEN %GULF COAST MGMT SVCS 10060 AMBERWOOD RD #4 FORT MYERS FL 33913				Name: Ken Hayden Street Address: Gulf Coast Management Svcs, Inc. 10060 Amberwood Rd. Suite 4 Ft. Myers, FL 34135 Zip Code:			

8. The above named entity submits this statement for the purpose of changing its registered of

SIGNATURE: *[Signature]* (NOTE: Registered Agent signature required when reinstating) DATE:

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: PD	NAME: FERRIGNO, RALPH	TITLE: VPD	NAME: John King
STREET ADDRESS: 481 BUCK ISLAND RD #26A	CITY-ST-ZIP: WEST YARMOUTH MA 02673	STREET ADDRESS: 7505 Stoneybrook Dr. #723	CITY-ST-ZIP: Naples, FL 34112
TITLE: PD	NAME: MCEVOY, BOB	TITLE: S/T D	NAME: William Lynch
STREET ADDRESS: 6249 PARADISE ROAD	CITY-ST-ZIP: MIAMI FL 33157	STREET ADDRESS: 7505 Stoneybrook Dr. #718	CITY-ST-ZIP: NAPLES, FL 34112
TITLE: PD	NAME: FREIBERG, PAUL	TITLE: PD	NAME: [Blank]
STREET ADDRESS: 7505 STONEYBROOK DRIVE, #734	CITY-ST-ZIP: NAPLES FL 34112	STREET ADDRESS: [Blank]	CITY-ST-ZIP: [Blank]
TITLE: [Blank]	NAME: [Blank]	TITLE: [Blank]	NAME: [Blank]
STREET ADDRESS: [Blank]	CITY-ST-ZIP: [Blank]	STREET ADDRESS: [Blank]	CITY-ST-ZIP: [Blank]
TITLE: [Blank]	NAME: [Blank]	TITLE: [Blank]	NAME: [Blank]
STREET ADDRESS: [Blank]	CITY-ST-ZIP: [Blank]	STREET ADDRESS: [Blank]	CITY-ST-ZIP: [Blank]
TITLE: [Blank]	NAME: [Blank]	TITLE: [Blank]	NAME: [Blank]
STREET ADDRESS: [Blank]	CITY-ST-ZIP: [Blank]	STREET ADDRESS: [Blank]	CITY-ST-ZIP: [Blank]

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: *Paul B. Freiberg* **Paul B. Freiberg** 3/16/02 (941) 530-4555

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CFR2E037 (9/01)