

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Feb 25, 2004
Secretary of State**

DOCUMENT# N97000002827

Entity Name: TERRACE I AT STONEYBROOK ASSOCIATION, INC.

Current Principal Place of Business:

C/O NEWELL PROPERTY MGMT.
5435 JAEGER RD., #4
NAPLES, FL 34109 US

New Principal Place of Business:

Current Mailing Address:

C/O NEWELL PROPERTY MGMT.
5435 JAEGER RD., #4
NAPLES, FL 34109 US

New Mailing Address:

FEI Number: 65-0758846 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NEWELL, WILLIAM
5435 JAEGER ROAD, #4
NAPLES, FL 34109

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: VD () Delete
Name: KING, JOHN
Address: 7505 STONEYBROOK DR., #723
City-St-Zip: NAPLES, FL 34112

Title: STD () Delete
Name: LYNCH, WILLIAM
Address: 7505 STONEYBROOK DR #718
City-St-Zip: NAPLES, FL 34112

Title: PD () Delete
Name: FREIBERG, PAUL
Address: 7505 STONEYBROOK DRIVE, #734
City-St-Zip: NAPLES, FL 34112

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: LYNCH, WILLIAM
Address: 7505 STONEYBROOK DRIVE #718
City-St-Zip: NAPLES, FL 34112

Title: VD (X) Change () Addition
Name: KING, JOHN
Address: 7505 STONEYBROOK DRIVE #723
City-St-Zip: NAPLES, FL 34112

Title: SD (X) Change () Addition
Name: MANTIA, JASON
Address: 7505 STONEYBROOK DRIVE #725
City-St-Zip: NAPLES, FL 34112

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: WILLIAM LYNCH

PD

02/25/2004

Electronic Signature of Signing Officer or Director

_____ Date