

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000002827

FILED  
Feb 19, 2008  
Secretary of State

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 US

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

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

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

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: PAUL FREIBERG

PD

02/19/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date