

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 28, 2003 8:00 am**  
**Secretary of State**

03-28-2003 90058 015 \*\*\*\*\*61.25

**DOCUMENT # N98000001566**

1. Entity Name

**TERRACE II AT ARBOR LAKES ASSOCIATION, INC.**



Principal Place of Business

**GULF COAST MANAGEMENT  
#4  
FORT MYERS FL 33913**

Mailing Address

**10060 AMBERWOOD ROAD  
FT. MYERS FL 33912**

2. Principal Place of Business

**Gulf Coast Management Services  
11691 Gateway Blvd. #102  
Fort Myers, FL 33913**

3. Mailing Address

**Gulf Coast Management Services  
11691 Gateway Blvd. #102  
Fort Myers, FL 33913**



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0825625**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**HAYDEN, KEN  
10060 AMBERWOOD RD., SUITE 4  
% GULF COAST MANAGEMENT  
FORT MYERS FL 33913**

7. Name and Address of New Registered Agent

Name

**Ken Hayden**

Street

**Gulf Coast Management Services  
11691 Gateway Blvd. #102**

City

**Fort Myers, FL 33913**

Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **VPD** ☐ Delete  
NAME **DOWNING, RICHARD**  
STREET ADDRESS **7595 ARBOR LAKES CT # 641**  
CITY-ST-ZIP **NAPLES FL 34112**

TITLE **PD** ☐ Delete  
NAME **LIMBACH, RICHARD**  
STREET ADDRESS **7595 ARBOR LAKES COURT**  
CITY-ST-ZIP **NAPLES FL 34112**

TITLE **STD** ☐ Delete  
NAME **GOULD, GEORGE**  
STREET ADDRESS **5680 W PROSPECT ROAD**  
CITY-ST-ZIP **PEORIA IL 61614**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition

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:

**X SIGNATURE REQUIRED**

CR2E037 (10/02)