

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 26, 2000 8:00 am
Secretary of State

05-26-2000 90287 004 ****61.25

DOCUMENT # N99000004995

1. Entity Name

TERRACE I AT CEDAR HAMMOCK ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**10481 SIX MILE CYPRESS PKWY
 FT MYERS FL 33912**

**10481 SIX MILE CYPRESS PKWY
 FT MYERS FL 33912**

2. Principal Place of Business

3. Mailing Address

10481 SIX MILE CYPRESS PKWY

10481 SIX MILE CYPRESS PKWY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

FT MYERS FL

FT MYERS FL

4. FEI Number

65-0947576

Applied For

Not Applicable

Zip
33912

Country
USA

Zip
33912

Country
USA

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SWALM, MURRELL & SAMOUCÉ, P.A.
 2375 TAMiami TRAIL N., STE. 308
 NAPLES FL 34103**

Name

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

City

FL

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.

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
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME Delete
D SPECTOR, GAIL
 STREET ADDRESS
 CITY-ST-ZIP **FT. MYERS FL 33912**

TITLE NAME Change Addition
GAIL SPECTOR
 STREET ADDRESS **10481 SIX MILE CYPRESS PKWY**
 CITY-ST-ZIP **FT MYERS FL 33912**

TITLE NAME Delete
D MCMURRAY, DARIN
 STREET ADDRESS
 CITY-ST-ZIP **FT. MYERS FL 33912**

TITLE NAME Change Addition
DARIN MCMURRAY
 STREET ADDRESS **10481 SIX MILE CYPRESS PKWY**
 CITY-ST-ZIP **FT MYERS FL 33912**

TITLE NAME Delete
D BURNS, ALAN R
 STREET ADDRESS
 CITY-ST-ZIP **FT. MYERS FL 33912**

TITLE NAME Change Addition
ALAN BURNS
 STREET ADDRESS **10481 SIX MILE CYPRESS PKWY**
 CITY-ST-ZIP **FT MYERS FL 33912**

TITLE NAME Delete

TITLE NAME Change Addition

TITLE NAME Delete

TITLE NAME Change Addition

TITLE NAME Delete

TITLE NAME Change Addition

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: SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/00
 Date

941-278-1177
 Daytime Phone #

C-32E037 (9/99)