

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2002 8:00 am
Secretary of State

04-17-2002 90039 011 ****61.25

DOCUMENT # N99000004995

1. Entity Name

TERRACE I AT CEDAR HAMMOCK ASSOCIATION, INC.

Principal Place of Business

Mailing Address

1011 SIX MILE CYPRESS PKWY
 FORT MYERS FL 33912

10481 SIX MILE CYPRESS PKWY
 FORT MYERS FL 33912

2. Principal Place of Business

3. Mailing Address

8680 CEDAR HAMMOCK CIR.
 Suite, Apt. #, etc.

c/o MMI
14275 SW 142 AVE
 Suite, Apt. #, etc.

City & State
NAPLES FL

City & State
MIAMI, FL

4. FEI Number
65-0947576

Applied For
 Not Applicable

Zip
34114

Country

Zip
33186

Country

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 & SAMOUCHE, P.A.
2375 TAMiami TRAIL N., STE. 308
NAPLES FL 34103

Name **BECKER & POLIAKOFF c/o Joseph E Adams**
 Street Address (P.O. Box Number is Not Acceptable)
13515 BELL TOWER DRIVE, SUITE 101
 City **FT. MYERS** FL Zip Code **33907**

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

Joseph E Adams

3/13/02

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	D	<input checked="" type="checkbox"/> Delete
NAME	SPECTOR, GAIL	
STREET ADDRESS	10481 6 MILE CYPRESS PKWY	
CITY-ST-ZIP	FT. MYERS FL 33912	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MCMURRAY, DARIN	
STREET ADDRESS	10481 6 MILE CYPRESS PKWY	
CITY-ST-ZIP	FT. MYERS FL 33912	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BURNS, ALAN R	
STREET ADDRESS	10481 6 MILE CYPRESS PKWY	
CITY-ST-ZIP	FT. MYERS FL 33912	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FOURIS, BOB	
STREET ADDRESS	123 LANDMARK STREET	
CITY-ST-ZIP	MARCO ISLAND, FL 34145	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KARAS, MARIAN	
STREET ADDRESS	8680 CEDAR HAMMOCK CIR., #121	
CITY-ST-ZIP	NAPLES, FL 34112	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VAN-DRUS, GEORGINA	
STREET ADDRESS	22843 OVERLAKE	
CITY-ST-ZIP	ST. CLAIRS SHORES, MI 48080	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Joseph E Adams

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/24/02

CR2E037 (9/01)