2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2005
Secretary of State

DOCUMENT# N99000004995

Entity Name: TERRACE I AT CEDAR HAMMOCK ASSOCIATION, INC.

Current Principal Place of Business:

8680 CEDAR HAMMOCK CIRCLE
NAPLES, FL 34104

New Principal Place of Business:

Current Mailing Address:

C/O R&P PROPERTY MGMT.
265 AIRPORT RD. S.
NAPLES, FL 34104

New Mailing Address:

FEI Number: 65-0947576 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

R&P PROPERTY MGMT.
265 AIRPORT RD. S.
NAPLES, FL 34104 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: STD ( ) Delete
Name: LUTH, RAY
Address: 8680 CEDAR HAMMOCK CR #125
City-St-Zip: NAPLES, FL 34112

Title: PD ( ) Delete
Name: KALITA, JANICE
Address: 8670 CEDAR HAMMOCK CR #233
City-St-Zip: NAPLES, FL 34112

Title: VPD ( ) Delete
Name: GALLAGHER, GEORGIANA
Address: 8670 CEDAR HAMMOCK CR #212
City-St-Zip: NAPLES, FL 34112

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: TD (X) Change ( ) Addition
Name: LUTH, RAY
Address: 8680 CEDAR HAMMOCK CR #125
City-St-Zip: NAPLES, FL 34112

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

Title: SD (X) Change ( ) Addition
Name: ROBINSON, NANCY
Address: 8670 CEDAR HAMMOCK CR #225
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: GLENN CARROLL PRES 04/07/2005

Electronic Signature of Signing Officer or Director Date