

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000004995

FILED  
Apr 09, 2010  
Secretary of State

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

**Current Principal Place of Business:**

C/O R & P PROPERTY MANAGEMENT  
265 AIRPORT RD S  
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: TVPD  
Name: KALITA, JANICE  
Address: 8670 CEDAR HAMMOCK CR #233  
City-St-Zip: NAPLES, FL 34112

Title: PD  
Name: SPEARS, KEITH  
Address: 8680 CEDAR HAMMOCK CR #138  
City-St-Zip: NAPLES, FL 34112

Title: SD  
Name: BESTEMAN, DOUG  
Address: 8670 CEDAR HAMMOCK CR #222  
City-St-Zip: NAPLES, FL 34112

I hereby 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 all other like empowered.

SIGNATURE: KEITH SPEARS

PD

04/09/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date