


FILED
Jul 09, 2003 8:00 am
Secretary of State

07-09-2003 90042 003 ****61.25

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

DOCUMENT # N99000004995			
1. Entity Name TERRACE I AT CEDAR HAMMOCK ASSOCIATION, INC.			
Principal Place of Business 8680 CEDAR HAMMOCK CIRCLE NAPLES, FL 34114		Mailing Address C/O MMI 14275 SW 142 AVE MIAMI, FL 33186	
2. Principal Place of Business <i>Circle</i> 8680 Cedar Hammock		3. Mailing Address C/O R&P Property Mgmt. 265 Airport Rd S.	
Suite, Apt. #, etc. <i>1105 - 1106</i>		Suite, Apt. #, etc. <i>265 Airport Rd S.</i>	
City & State Naples Florida		City & State Naples FL	
Zip 34104		Country	
4. FEI Number 65-0947576		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BECKER & POLIAKOFF C/O JOSEPH E ADAMS 13515 BELL TOWER DRIVE STE 101 FORT MYERS, FL 33907		7. Name and Address of New Registered Agent Name: R&P Property Mgmt Street Address (P.O. Box Number is Not Acceptable) 265 Airport Rd S. City: Naples FL Zip Code: 34104	
B. 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: <i>Dorinda Wood</i>		(NOTE: Registered Agent Signature Required when reinstating) DATE	
FILE NOW FEE IS \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make Check Payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FOUTES, BOB 123 LANDMARK STREET MARCO ISLAND, FL 34145 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Charles Kromer 8680 Cedar Hammock Circle 127 Naples FL 34112 PD <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KARAS, MARIAN 8680 CEDAR HAMMOCK CIR # 121 NAPLES, FL 34112 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Janice Kalita 237 Ridge Road N. Aurora IL 60542 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VAN-DRUS, GEORGINA 22843 OVERLAKE SAINT CLAIR SHORES, MI 48080 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <i>Dorinda Wood</i>		DATE	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	

CFR2E037 (10/02)