

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N97000002827

**Entity Name:** TERRACE I AT STONEYBROOK ASSOCIATION, INC.

**Current Principal Place of Business:**

ABILITY MANAGEMENT, INC.  
6736 LONE OAK BLVD  
NAPLES, FL 34109

**Current Mailing Address:**

ABILITY MANAGEMENT, INC.  
6736 LONE OAK BLVD  
NAPLES, FL 34109 US

**FEI Number:** 65-0758846

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

ABILITY MANAGEMENT, INC.  
ABILITY MANAGEMENT, INC.  
6736 LONE OAK BLVD  
NAPLES, FL 34109 US

*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:** DENNIS LIVELY

04/18/2023

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            MARRIOTT, TOM  
Address        ABILITY MANAGEMENT, INC.  
                  6736 LONE OAK BLVD  
City-State-Zip: NAPLES FL 34109

Title            VP  
Name            PEKAREK, DALE  
Address        ABILITY MANAGEMENT, INC.  
                  6736 LONE OAK BLVD  
City-State-Zip: NAPLES FL 34109

Title            TREASURER, SECRETARY  
Name            WALSH, MARCIA  
Address        ABILITY MANAGEMENT, INC.  
                  6736 LONE OAK BLVD  
City-State-Zip: NAPLES FL 34109

*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:** TOM MARRIOTT

PRES

04/18/2023

Electronic Signature of Signing Officer/Director Detail

Date