#### 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: WILLIAM DRAWZ

Electronic Signature of Signing Officer/Director Detail

# DOCUMENT# N9700002827

Entity Name: TERRACE I AT STONEYBROOK ASSOCIATION, INC.

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

#### **Current Principal Place of Business:**

C/O NEWELL PROPERTY MGMT. 5435 JAEGER RD., #4 NAPLES, FL 34109

## **Current Mailing Address:**

C/O NEWELL PROPERTY MGMT. 5435 JAEGER RD., #4 NAPLES, FL 34109 US

## FEI Number: 65-0758846

## Name and Address of Current Registered Agent:

Electronic Signature of Registered Agent

NEWELL, WILLIAM 5435 JAEGER ROAD, #4 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:

Officer/Director Detail :			
Title	PD	Title	VD
Name	DRAWZ, WILLIAM	Name	KING, JOHN
Address	7505 STONEYBROOK DRIVE #726	Address	7505 STONEYBROOK DRIVE #723
City-State-Zip:	NAPLES FL 34112	City-State-Zip:	NAPLES FL 34112
Title	STD		
Name	KISTLER, BILL		
Address	7505 STONEYBROOK DRIVE #713		
City-State-Zip:	NAPLES FL 34112		

PRESIDENT

03/07/2013

Date

FILED Mar 07, 2013 Secretary of State CC4872290827

Certificate of Status Desired: No

Date