2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2009
Secretary of State

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Entity Name: TERRACE I AT CYPRESS TRACE ASSOCIATION, INC.

Current Principal Place of Business:

P&M PROPERTY MGMT
14360 S TAMIAMI TRL UNIT B
FORT MYERS, FL 33912

New Principal Place of Business:

Current Mailing Address:

P&M PROPERTY MGMT
14360 S TAMIAMI TRL UNIT B
FORT MYERS, FL 33912

New Mailing Address:

FEI Number: 56-2317331 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

P&M PROPERTY MGMT
14360 S TAMIAMI TRL UNIT B
FORT MYERS, FL 33912 US

Name and Address of New Registered Agent:

SAPP, PAUL L
14360 S TAMIAMI TRL UNIT B
FORT MYERS, FL 33912 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: PAUL L. SAPP 04/06/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: DESMOND, NEARY
Address: P&M MGMT/14360 S TAMIAMI TRL UNIT B
City-St-Zip: FORT MYERS, FL 33912

Title: VP ( ) Delete
Name: KOVALCIK, CARL
Address: P&M MGMT/14360 S TAMIAMI TRL UNIT B
City-St-Zip: FORT MYERS, FL 33912

Title: ST ( ) Delete
Name: HIGBEE, GINA
Address: P&M MGMT/14360 S TAMIAMI TRL UNIT B
City-St-Zip: FORT MYERS, FL 33912

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: PAUL L. SAPP CAM 04/06/2009
Electronic Signature of Signing Officer or Director Date