

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000011768

FILED
Apr 26, 2012
Secretary of State

Entity Name: TERRACES AT RIVERWALK MASTER ASSOCIATION, INC.

Current Principal Place of Business:

11691 GATEWAY BLVD.
SUITE 203
FT MYERS, FL 33913

New Principal Place of Business:

Current Mailing Address:

11691 GATEWAY BLVD.
SUITE 203
FT MYERS, FL 33913

New Mailing Address:

FEI Number: 59-3793893

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

VISION ASSOCIATION MANAGEMENT
11691 GATEWAY BLVD.
SUITE 203
FT. MYERS, FL 33913 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: T
Name: FRENCH, STAN
Address: 11691 GATEWAY BLVD SUITE 203
City-St-Zip: FORT MYERS, FL 33913

Title: VP
Name: MANNING, DAVID
Address: 8341 WHISKEY PRESERVE CIR #524
City-St-Zip: FORT MYERS, FL 33919

Title: P
Name: MUTKA, DAVID
Address: 11691 GATEWAY BLVD SUITE 203
City-St-Zip: FORT MYERS, FL 33913

Title: S
Name: MCLUCKIE, LISA
Address: 11691 GATEWAY BLVD SUITE 203
City-St-Zip: FORT MYERS, FL 33913

Title: D
Name: DEUTCH, FRANK
Address: 8261 PATHFINDER LOOP #741
City-St-Zip: FORT MYERS, FL 33919

Title: D
Name: BARBER, STEPHEN
Address: 11691 GATEWAY BLVD SUITE 203
City-St-Zip: FORT MYERS, FL 33913

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 DONATHAN

CFO

04/26/2012

_____ Electronic Signature of Signing Officer or Director

_____ Date