# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 07, 2009**
**Secretary of State**

DOCUMENT# N04000011769

**Entity Name:** TERRACE I AT RIVERWALK CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

12734 KENWOOD LANE
SUITE 49
FT MYERS, FL 33907

**New Principal Place of Business:**

**Current Mailing Address:**

12734 KENWOOD LANE
SUITE 49
FT MYERS, FL 33907

**New Mailing Address:**

**FEI Number: 59-3793890** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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

TROPICAL ISLES MGMT.
12734 KENWOOD LANE
SUITE 49
FT MYERS, FL 33907 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: VP ( ) Delete
Name: BOTSFORD, JACK
Address: 8310 WHISKEY PRESERVE CR. #224
City-St-Zip: FORT MYERS, FL 33919

Title: P ( ) Delete
Name: KREISHER, SKIP
Address: 8300 WHISKEY PRESERVE CR. #126
City-St-Zip: FORT MYERS, FL 33919

Title: TS ( ) Delete
Name: OLIVER, LYNN
Address: 8310 WHISKEY PRESERVE CR. #235
City-St-Zip: FORT MYERS, FL 33919

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ST (X) Change ( ) Addition
Name: COLLIER, TIM
Address: 8300 WHISKEY PRESERVE CR. #130
City-St-Zip: FORT MYERS, FL 33919

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

Title: VP (X) Change ( ) Addition
Name: OLIVER, LYNN
Address: 8300 WHISKEY PRESERVE CR. #142
City-St-Zip: FORT MYERS, FL 33919

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: MILISSA LINDSEY RS 04/07/2009

Electronic Signature of Signing Officer or Director — Date