2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Sep 03, 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:

8359 BEACON BLVD.
SUITE 313
FT MYERS, FL 33907

Current Mailing Address:

12734 KENWOOD LANE
SUITE 49
FT MYERS, FL 33907

New Mailing Address:

8359 BEACON BLVD.
SUITE 313
FT MYERS, FL 33907

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:

HAYDEN & ASSOCIATES
8359 BEACON BLVD.
SUITE 313
FT MYERS, FL 33907 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: KENNETH W. HAYDEN 09/03/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: ST ( ) Delete
Name: COLLIER, TIM
Address: 8300 WHISKEY PRESERVE CR. #130
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: VP ( ) Delete
Name: OLIVER, LYNN
Address: 8300 WHISKEY PRESERVE CR. #142
City-St-Zip: FORT MYERS, FL 33919

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: S/T (X) Change ( ) Addition
Name: KREISHER, SKIP
Address: 8300 WHISKEY PRESERVE CR. #126
City-St-Zip: FORT MYERS, FL 33919

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: KENNETH W. HAYDEN AGE 09/03/2009
Electronic Signature of Signing Officer or Director Date