

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000002010

FILED
Apr 07, 2009
Secretary of State

Entity Name: TERRACE I AT PRESTWICK ASSOCIATION, INC.

Current Principal Place of Business:

TROPICAL ISLES MANAGEMENT
12734 KENWOOD LANE STE 49
FORT MYERS, FL 33907 US

New Principal Place of Business:

Current Mailing Address:

BAYVIEW PROPERTY MANAGEMENT
4600 ENTERPRISE AVENUE
NAPLES, FL 34104 US

New Mailing Address:

TROPICAL ISLES MANAGEMENT
12734 KENWOOD LANE STE 49
FORT MYERS, FL 33907 US

FEI Number: 65-0674103

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TROPICAL ISLES MANAGEMENT
12734 KENWOOD LANE STE 49
FORT 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: CLEMENTS, MARY E
Address: 8505 NAPLES HERITAGE DR #121
City-St-Zip: NAPLES, FL 34112

Title: P () Delete
Name: EASTMAN, JAMES
Address: 8505 NAPLES HERITAGE DR. #138
City-St-Zip: NAPLES, FL 34112

Title: STD () Delete
Name: CURLEY, RICHARD
Address: 8505 NAPLES HERITAGE DR #143
City-St-Zip: NAPLES, FL 34112

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: STD (X) Change () Addition
Name: GATTO, VINCE
Address: 8505 NAPLES HERITAGE DR #141
City-St-Zip: NAPLES, FL 34112

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

RA

04/07/2009

Electronic Signature of Signing Officer or Director

Date