

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000002827

FILED  
Feb 16, 2012  
Secretary of State

**Entity Name:** TERRACE I AT STONEYBROOK ASSOCIATION, INC.

**Current Principal Place of Business:**

C/O NEWELL PROPERTY MGMT.  
5435 JAEGER RD., #4  
NAPLES, FL 34109 US

**New Principal Place of Business:**

**Current Mailing Address:**

C/O NEWELL PROPERTY MGMT.  
5435 JAEGER RD., #4  
NAPLES, FL 34109 US

**New Mailing Address:**

**FEI Number:** 65-0758846

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

NEWELL, WILLIAM  
5435 JAEGER ROAD, #4  
NAPLES, FL 34109 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: PD  
Name: DRAWZ, WILLIAM  
Address: 7505 STONEYBROOK DRIVE #726  
City-St-Zip: NAPLES, FL 34112

Title: VD  
Name: KING, JOHN  
Address: 7505 STONEYBROOK DRIVE #723  
City-St-Zip: NAPLES, FL 34112

Title: STD  
Name: KISTLER, BILL  
Address: 7505 STONEYBROOK DRIVE #713  
City-St-Zip: NAPLES, FL 34112

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 DRAWZ

PD

02/16/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date