# 2000 UNIFORM BUSINESS REPORT (UBR)

6/5

**FILED**
**Jul 05, 2000 8:00 am**
**Secretary of State**
06-05-2000 90047 016 ****61.25

DOCUMENT # N97000006965

1. Entity Name

TERRACE I AT ARBOR LAKES ASSOCIATION, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 10491 SIX MILE CYPRESS PARKWAY<br>SUITE 101<br>FT. MYERS FL 33912 | 10491 SIX MILE CYPRESS PARKWAY<br>SUITE 101<br>FT. MYERS FL 33912-6406 |

DO NOT WRITE IN THIS SPACE

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| Gulf Coast Mgmt | 10060 Amberwood RD |
| Suite, Apt. #, etc.: # 4 | Suite, Apt. #, etc.: |
| City & State: FT Myers FL | City & State: |
| Zip: 33913 Country: | Zip: Country: |

4. FEI Number: 65-0825622 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
|---|---|
| SWALM & MURRELL, P.A.<br>2375 TAMIAMI TRAIL NORTH<br>SUITE 308<br>NAPLES FL 33940 | Name: Bryan E Cruz<br>Street Address (P.O. Box Number is Not Acceptable): 10060 Amberwood RD<br>% Gulf Coast Mgmt Services<br>City: FT Myers FL Zip Code: 33913 |

8. 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: Bryan E Cruz 5-16-00
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

| FILE NOW: FEE IS $61.25 | 9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees | Make Check Payable to Department of State |
|---|---|---|

| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>PERSICHILLI, ANTHONY<br>10491 SIX MILE CYPRESS PARKWAY<br>FT. MYERS FL 33912 | ☑ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | Pres D<br>Fred Smith<br>7625 Arbor lakes Ct. # 323<br>Naples FL. 34112 |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>MCMURRAY, DARIN<br>10491 SIX MILE CYPRESS PARKWAY<br>FT. MYERS FL 33912 | ☑ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | V.P. D<br>Betty Modenbach<br>7615 Arbor lakes Ct # 422<br>Naples FL 34112 |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>BURNS, ALAN<br>10491 SIX MILE CYPRESS PARKWAY<br>FT. MYERS FL 33912 | ☑ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | Sec/Treas. D<br>Ronald Turner 7625 Arbor lakes Ct. unit 332<br>Naples FL 34112 |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |

CR2E037 (9/99)

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** SIGNED May 22, 2000 201-666-0691
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #