

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 24, 2001 8:00 am
Secretary of State
 08-24-2001 90044 033 ****61.25

DOCUMENT # N97000006965
1. Entity Name
 Terrace 1 at Arbor Lakes Condominium n (CA) Association Inc.

Principal Place of Business **Mailing Address**

A0082518

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 4148A Corporate Square Naples FL 34104 USA		3. Mailing Address 4148A Corporate Square Naples FL 34104 USA		4. FEI Number 65-0825622	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
			Name: William A Newell Street Address (P.O. Box Number is Not Acceptable): 4148A Corporate Square Naples FL 34104		

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ **DATE** _____

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
		PD Hine, Norman 7605 Arbor Lakes Ct #421 Naples FL 34112	
		VD Turner, Ron 7605 Arbor Lakes Ct #332 Naples FL 34112	
		STB Ladriagan, Terrence 7615 J Arbor Lakes Ct #431 Naples FL 34112	

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: William A Newell **Date:** 8-7-01 **Daytime Phone #:**

CR2E037 (1/00)