

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000006965

FILED
Jan 11, 2005
Secretary of State

Entity Name: TERRACE I AT ARBOR LAKES ASSOCIATION, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 65-0825622

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NEWELL, WILLIAM A
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 () Delete
Name: HINE, NORMAN
Address: 7615 ARBOR LAKES CT., #421
City-St-Zip: NAPLES, FL 34112

Title: VD () Delete
Name: TURNER, RON
Address: 7625 ARBOR LAKES CT., #332
City-St-Zip: NAPLES, FL 34112

Title: STD () Delete
Name: PETERS, THOMAS
Address: 7615 ARBOR LAKES CT #437
City-St-Zip: NAPLES, FL 34112

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: TURNER, RON
Address: 7625 ARBOR LAKES CT #332
City-St-Zip: NAPLES, FL 34112

Title: STD (X) Change () Addition
Name: PETERS, WAYNE
Address: 7615 ARBOR LAKES CT #437
City-St-Zip: NAPLES, FL 34112

Title: D (X) Change () Addition
Name: HOSKINS, BONNIE
Address: 7625 ARBOR LAKES CT #313
City-St-Zip: NAPLES, FL 34112

I hereby certify that the information supplied with this filing does not qualify for the 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 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: RON TURNER

PD

01/11/2005

Electronic Signature of Signing Officer or Director

Date