2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 11, 2007 8:00 am
Secretary of State
04-20-2007 90077 005 ****61.25

DOCUMENT # N97000006965

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

Principal Place of Business	Mailing Address
C/O NEWELL PROPERTY MGNT. 5435 JAEGER RD. #4 NAPLES, FL 34109 US	C/O NEWELL PROPERTY MGNT. 5435 JAEGER RD. #4 NAPLES, FL 34109 US

03222007 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
c/o Sarasota Community MGMT.	PO Box 8478
Suite, Apt. #, etc.: 1719 Trade Center Way, #4	Suite, Apt. #, etc.
City & State: Naples, Fl.	City & State: Naples, Fl.
Zip: 34109 Country: USA	Zip: 34101-8478 Country: USA

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
NEWELL, WILLIAM A 5435 JAEGER ROAD #4 NAPLES, FL 34109	Name: DeAnzo, Eduardo C/O Street Address (P.O. Box Number is Not Acceptable): Sarasota Community Management, Inc. 1719 Trade Center Way, #4 City: Naples FL Zip Code: 34109

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees	**Make check payable to Florida Department of State**

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD TURNER, RON 7625 ARBOR LAKES CT #332 NAPLES, FL 34112	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Vice President	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD PETERS, WAYNE 7615 ARBOR LAKES CT #437 NAPLES, FL 34112	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HOSKINS, BONNIE 7625 ARBOR LAKES CT #313 NAPLES, FL 34112	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Secretary/Treasure Kevin T. Jones 7615 Arbor Lakes Ct, # 434 Naples, Fl. 34112	☐ 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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Ronald S. Turner 04/18/07 239-596-7200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #