2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2008 8:00 am
Secretary of State
04-30-2008 90165 033 ****61.25

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

Principal Place of Business	Mailing Address
C/O SANDCASTLE COMMUNITY MGMT 1719 TRADE CENTER WAY SUITE 4 NAPLES, FL 34109 US	PO BOX 8478 NAPLES, FL 34101 US

02012008 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / 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
DEAMAS, EDUARDO C/O SANDCASTLE COMMUNITY MGMT 1719 TRADE CENTER WAY SUITE 4 NAPLES, FL 34109	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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, 2008

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	VP TURNER, RON 7625 ARBOR LAKES CT #332 NAPLES, FL 34112	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President Kevin Jones 7615 Arbor Lakes Ct. # 434 Naples, FL 34112	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P HOSKINS, BONNIE 7625 ARBOR LAKES CT #313 NAPLES, FL 34112	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Vice President John Siuta 7625 Arbor Lakes Ct #336 Naples, FL 34112	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST JONES, KEVIN T 7615 ARBOR LAKES CT SUITE 434 NAPLES, FL 34112	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Secretary treasurer Michael Monahan 7615 Arbor Lakes Ct. # 423 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
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: Kevin T. Jones KEVIN T. JONES 4.28.08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #