

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000006965

FILED
Apr 14, 2009
Secretary of State

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

Current Principal Place of Business:

C/O SANDCASTLE COMMUNITY MGMT
1719 TRADE CENTER WAY SUITE 4
NAPLES, FL 34109 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 8478
NAPLES, FL 34101 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:

DEAMAS, EDUARDO
C/O SANDCASTLE COMMUNITY MGMT
1719 TRADE CENTER WAY SUITE 4
NAPLES, FL 34109 US

Name and Address of New Registered Agent:

DEARMAS, EDUARDO
C/O SANDCASTLE COMMUNITY MGMT
1719 TRADE CENTER WAY SUITE 4
NAPLES, FL 34109 US

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: EDUARDO DEARMAS

04/14/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: JONES, KEVIN
Address: 7615 ARBOR LAKES CT. #434
City-St-Zip: NAPLES, FL 34112

Title: VP () Delete
Name: SIVLA, JOHN
Address: 7625 ARBOR LAKES CT #336
City-St-Zip: NAPLES, FL 34112

Title: ST () Delete
Name: JONES, KEVIN T
Address: 7615 ARBOR LAKES CT SUITE 434
City-St-Zip: NAPLES, FL 34112

Title: ST (X) Delete
Name: MONAHAN, MICHAEL
Address: 7615 ARBOR LAKES CR. #423
City-St-Zip: NAPLES, FL 34112

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: JONES, KEVIN
Address: 7615 ARBOR LAKES CT. #434
City-St-Zip: NAPLES, FL 34112

Title: VPD (X) Change () Addition
Name: SIUTA, JOHN
Address: 7625 ARBOR LAKES CT #336
City-St-Zip: NAPLES, FL 34112

Title: STD (X) Change () Addition
Name: MONAHAN, MICHAEL
Address: 7615 ARBOR LAKES CT #423
City-St-Zip: NAPLES, FL 34112

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: KEVIN JONES

PD

04/14/2009

Electronic Signature of Signing Officer or Director

Date