

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000001566

FILED
Jan 22, 2009
Secretary of State

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

Current Principal Place of Business:

C/O NEWELL PROPERTY MGMT.
5435 JAEGER ROAD #4
NAPLES, FL 34109 US

New Principal Place of Business:

Current Mailing Address:

C/O NEWELL PROPERTY MGMT.
5435 JAEGER ROAD #4
NAPLES, FL 34109 US

New Mailing Address:

FEI Number: 65-0825625

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NEWELL, WILLIAM
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: UHL, MARY
Address: 7605 ARBOR LAKES COURT #528
City-St-Zip: NAPLES, FL 34112

Title: STD () Delete
Name: COMO, VINCENT
Address: 7605 ARBOR LAKES CT #514
City-St-Zip: NAPLES, FL 34112

Title: D () Delete
Name: HILL, FREDERICK
Address: 7595 ARBOR LAKES CT #631
City-St-Zip: NAPLES, FL 34112

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D (X) Change () Addition
Name: HAYES, ED
Address: 7605 ARBOR LAKES CT #546
City-St-Zip: NAPLES, FL 34112

Title: D (X) Change () Addition
Name: NYKANEN, MARIA
Address: 7595 ARBOR LAKES COURT #638
City-St-Zip: NAPLES, FL 34112

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: MARY UHL

PD

01/22/2009

Electronic Signature of Signing Officer or Director

Date