

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000004995

FILED  
Apr 23, 2007  
Secretary of State

**Entity Name:** TERRACE I AT CEDAR HAMMOCK ASSOCIATION, INC.

**Current Principal Place of Business:**

8680 CEDAR HAMMOCK CIRCLE  
NAPLES, FL 34104

**New Principal Place of Business:**

C/O R & P PROPERTY MANAGEMENT  
265 AIRPORT RD S  
NAPLES, FL 34104

**Current Mailing Address:**

C/O R&P PROPERTY MGMT.  
265 AIRPORT RD. S.  
NAPLES, FL 34104

**New Mailing Address:**

FEI Number: 65-0947576      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

R&P PROPERTY MGMT.  
265 AIRPORT RD. S.  
NAPLES, FL 34104      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: TD ( ) Delete  
Name: LUTH, RAY  
Address: 8680 CEDAR HAMMOCK CR #125  
City-St-Zip: NAPLES, FL 34112

Title: PD ( ) Delete  
Name: KALITA, JANICE  
Address: 8670 CEDAR HAMMOCK CR #233  
City-St-Zip: NAPLES, FL 34112

Title: SD ( ) Delete  
Name: JAMES, LISA  
Address: 8680 CEDAR HAMMOCK CR #112  
City-St-Zip: NAPLES, FL 34112

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: TVPD (X) Change ( ) Addition  
Name: LUTH, RAY  
Address: 8680 CEDAR HAMMOCK CR #125  
City-St-Zip: NAPLES, FL 34112

Title: D (X) Change ( ) Addition  
Name: ROBINSON, MARIANNE  
Address: 8670 CEDAR HAMMOCK CR #23  
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 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: GLENN CARROLL

PRES

04/23/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date