

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000006965

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

Current Principal Place of Business:

C/O ABILITY MANAGEMENT
6736 LONE OAK BLVD
NAPLES, FL 34109

Current Mailing Address:

C/O ABILITY MANAGEMENT
6736 LONE OAK BLVD
NAPLES, FL 34109 US

FEI Number: 65-0825622

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ABILITY MANAGEMENT, INC
C/O ABILITY MANAGEMENT
6736 LONE OAK BLVD
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: DENNIS F LIVELY

05/26/2020

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name COWSER, GREGORY
Address 5495 BRYSON DRIVE, SUITE #412
City-State-Zip: NAPLES FL 34109

Title VP
Name PARUTI, DAVID
Address C/O ABILITY MANAGEMENT INC
6736 LONE OAK BLVD
City-State-Zip: NAPLES FL 34109

Title TREASURER, SECRETARY
Name RALLIS, JIM
Address C/O ABILITY MANAGEMENT INC
6736 LONE OAK BLVD
City-State-Zip: NAPLES FL 34109

I hereby 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 all other like empowered.

SIGNATURE: GREGORY COWSER

PRESIDENT

05/26/2020

Electronic Signature of Signing Officer/Director Detail

Date