

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 29 AM 7:16

DOCUMENT # **750816** (1)

1. Corporation Name

TERRA 1 CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

719 PINELLAS BAYWAY
P O BOX 66245
TIERRA VERDE FL 33715
US

7217 GULF BLVD #8
STE 6
ST PETE BCH FL 33736
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 01/29/1980	3a. Date of Last Report 05/01/1994
4. FEI Number 59-2074783	Applied For Not Applicable

2. Principal Place of Business	2a. Mailing Address	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
23. City & State	28. City & State	7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	\$68.75 Supplemental Fee Not Required
24. Zip	25. Country	29. Zip	30. Country
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	

SCHNOOR, FRANK
%QUALITY MANAGEMENT SERVICES, 7217 GULF BL
P O BOX 66245
ST PETERSBURG BEACH FL 33736

81. Name	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	FL
83.	
84. City	

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE DST	NAME YORK, CONSTANCE	1.1 TITLE DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 719 PINELLAS BAYHWY 302	CITY - ST - ZIP TIERRA VERDE FL	1.2 NAME	
		1.3 STREET ADDRESS	
		1.4 CITY - ST - ZIP	
TITLE DP	NAME STIERMAN, GLORIA	2.1 TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 719 PINELLAS BAYWAY #309	CITY - ST - ZIP TIERRA VERDE FL	2.2 NAME Hlavacek, James	
		2.3 STREET ADDRESS 719 Pinellas Bayway, #104	
		2.4 CITY - ST - ZIP Tierra Verde, FL 33715	
TITLE D	NAME KRADLE, GARY	3.1 TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 7100 SUNSET DRIVE	CITY - ST - ZIP TIERRA VERDE FL	3.2 NAME Jeannette Mastrangelo	
		3.3 STREET ADDRESS 719 Pinellas Bayway, #204	
		3.4 CITY - ST - ZIP Tierra Verde, FL 33715	
TITLE DVP	NAME KRADLE, DOROTHY	4.1 TITLE DS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 719 PINELLAS BAYWAY #211	CITY - ST - ZIP TIERRA VERDE FL	4.2 NAME Hastreiter, Jamie	
		4.3 STREET ADDRESS 719 Pinellas Bayway, #305	
		4.4 CITY - ST - ZIP Tierra Verde, FL 33715	
TITLE D	NAME DELAPORTAS, JERRY	5.1 TITLE DT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 719 PINELLAS BAYWAY, UNIT #101	CITY - ST - ZIP TIERRA VERDE FL	5.2 NAME Griffin, George	
		5.3 STREET ADDRESS 719 Pinellas Bayway, #307	
		5.4 CITY - ST - ZIP Tierra Verde, FL 33715	
TITLE	NAME	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		6.2 NAME	
CITY - ST - ZIP		6.3 STREET ADDRESS	
		6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with my address.

SIGNATURE: *Constance E. York* 3-10-95 367-4270
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (Initials Please)