

FILE NOW: FILING FEE IS \$61.25

FILED

**Mar 26 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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	
2. Principal Place of Business	2a. Mailing Address	21	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.	22	27
City & State	City & State	23	28
Zip	Country	24	30

3. Date Incorporated or Qualified
01/29/1980

4. FEI Number
59-2074783

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	YORK, CONSTANCE	
STREET ADDRESS	719 PINELLAS BAYHWY 302	
CITY-ST-ZIP	TIERRA VERDE FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	KNUDSEN, FRED	
STREET ADDRESS	719 PINELLAS BAYWAY, #103	
CITY-ST-ZIP	TIERRA VERDE FL	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	SUE DELAPORTAS	
STREET ADDRESS	719 PINELLAS BAYWAY, #101	
CITY-ST-ZIP	TIERRA VERDE FL	
TITLE	DS	<input checked="" type="checkbox"/> DELETE
NAME	HASTREITER, JAMIE	
STREET ADDRESS	719 PINELLAS BAYWAY, #305	
CITY-ST-ZIP	TIERRA VERDE FL	
TITLE	DT	<input checked="" type="checkbox"/> DELETE
NAME	KUHLENKAMP, ERIKA	
STREET ADDRESS	719 PINELLAS BAYWAY, #102	
CITY-ST-ZIP	TIERRA VERDE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	DP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Donald Lamb	
2.3 STREET ADDRESS	719 Pinellas Bayway, #206	
2.4 CITY-ST-ZIP	Tierra Verde, FL	
3.1 TITLE	DV	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	James Hlavacek	
3.3 STREET ADDRESS	719 Pinellas Bayway, #104	
3.4 CITY-ST-ZIP	Tierra Verde, FL	
4.1 TITLE	DS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Michael Yates	
4.3 STREET ADDRESS	719 Pinellas Bayway, #306	
4.4 CITY-ST-ZIP	Tierra Verde, FL	
5.1 TITLE	DS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Michelle-Bykowski---	
5.3 STREET ADDRESS	719-Pinellas-Bayway,-#103	
5.4 CITY-ST-ZIP	Tierra-Verde,-FL	
6.1 TITLE	DT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	William Starr	
6.3 STREET ADDRESS	719 Pinellas Bayway, #106	
6.4 CITY-ST-ZIP	Tierra Verde, FL 33715	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 an address.

SIGNATURE: *[Signature]* 3-7-98 813-367-5270

CR2E037 (10/97)