

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 765926 (1)

1. Corporation Name
TERRACE PALMS CONDOMINIUM, INC.



Principal Place of Business: 11801 N. 50TH STREET TAMPA FL 33617
Mailing Address: 11801 N. 50TH STREET TAMPA FL 33617-1417 US

3. Date Incorporated or Qualified: 12/02/1982
3a. Date of Last Report: 04/20/1995

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields with sub-headers for Suite, City & State, Zip, and Country.

4. FEI Number: 59-2313952
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent: STAVING, JAMES A, 11801 N 50TH ST OFFICE, TAMPA FL 33617
10. Name and Address of New Registered Agent (81-85) fields: Name, Street Address, City, 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: PD NAME: FLOOD, EDWARD STREET ADDRESS: 15205 MORNING DR CITY-ST-ZIP: LUTZ FL	<input checked="" type="checkbox"/> DELETE	1.1 TITLE: PD 1.2 NAME: HORNED, DON 1.3 STREET ADDRESS: 11801 N. 50TH ST E-12 1.4 CITY-ST-ZIP: TAMPA, FL 33617	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: VD NAME: HORNER, DON STREET ADDRESS: 118091 N. 50TH ST, E-12 CITY-ST-ZIP: TAMPA FL	<input type="checkbox"/> DELETE	2.1 TITLE: VD 2.2 NAME: COWLES, GENE 2.3 STREET ADDRESS: 615 SPRING BLOSSOM CT. 2.4 CITY-ST-ZIP: BRANDON, FL 33511	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: TD NAME: PUEBLA, MARK STREET ADDRESS: 11801 N. 50TH STREET, F21 CITY-ST-ZIP: TAMPA FL	<input type="checkbox"/> DELETE	3.1 TITLE: BD 3.2 NAME: STAVING, JAMES 3.3 STREET ADDRESS: 4226 RIVERHILLS DR. 3.4 CITY-ST-ZIP: TAMPA, FL 33617	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: SD NAME: STAVING, JAMES STREET ADDRESS: 11801 N. 50TH ST, C13 CITY-ST-ZIP: TAMPA FL	<input type="checkbox"/> DELETE	4.1 TITLE: D 4.2 NAME: PEARSON, STEVE 4.3 STREET ADDRESS: 8625 QUAIL RUN DR. 4.4 CITY-ST-ZIP: WHEESLY CITAPEL, FL 33544	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: D NAME: DUGARTE, MARIA STREET ADDRESS: 11801 N. 50TH CST, C13 CITY-ST-ZIP: TAMPA FL	<input type="checkbox"/> DELETE	5.1 TITLE: D 5.2 NAME: HOLMES, JAMES 5.3 STREET ADDRESS: 11801 N. 50TH ST A-23 5.4 CITY-ST-ZIP: TAMPA, FL 33617	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: D NAME: LAU, SIMON STREET ADDRESS: 846 48TH AVE, N CITY-ST-ZIP: ST. PETERSBURG FL	<input checked="" type="checkbox"/> DELETE	6.1 TITLE: _____ 6.2 NAME: _____ 6.3 STREET ADDRESS: _____ 6.4 CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 119.07(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 an address.

SIGNATURE: Donald A. Horner 4/19/96 Donald A. Horner 988-1474
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)