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Jun 18 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 # **765926** (1)
1. Corporation Name

TERRACE PALMS CONDOMINIUM, INC.

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



2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

3. Date Incorporated or Qualified	12/02/1982
4. FEI Number	59-2313952
Applied For	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	<input type="checkbox"/> Yes <input type="checkbox"/> 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 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 *James A Staving* **JAMES A STAVING** MANAGER/SECRETARY 4/28/98
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DIRECTOR DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	HORNED, DON	
STREET ADDRESS	11801 N 50TH STREET E-12	
CITY-ST-ZIP	TAMPA FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	LOWLES, GENE	
STREET ADDRESS	615 SPRING BLOSSOM CT	
CITY-ST-ZIP	BRANDON FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	PUEBLA, MARK	
STREET ADDRESS	11801 N. 50TH STREET, F21	
CITY-ST-ZIP	TAMPA FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	STAVING, JAMES	
STREET ADDRESS	4226 RIVERHILLS DRIVE	
CITY-ST-ZIP	TAMPA FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	DUGARTE, MARIA	
STREET ADDRESS	11801 N. 50TH CST, C13	
CITY-ST-ZIP	TAMPA FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	PEARSON, STEVE	
STREET ADDRESS	8625 QUAIL RUN DR	
CITY-ST-ZIP	WESLY CHAPEL FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	COWLES, GENE
2.3 STREET ADDRESS	615 SPRING BLOSSOM CT.
2.4 CITY-ST-ZIP	BRANDON FL
3.1 TITLE	TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	PUEBLA, MARK
3.3 STREET ADDRESS	420 VALENCIA PARK DR.
3.4 CITY-ST-ZIP	SEFFNER, FL 33584
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	TD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	HALL, ROBERT
5.3 STREET ADDRESS	P.O. Box 273786
5.4 CITY-ST-ZIP	TAMPA, FL 33688
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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.

CR2E037 (1097)

MANAGER/SECRETARY 4/28/98 8B-988-1474