

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 22, 1999 8:00 am
Secretary of State

04-22-1999 90183 019 ****61.25

DOCUMENT # 765926

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

12/02/1982

4. FEI Number

59-2313952

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

Trust Fund Contribution

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

STAVING, JAMES A
11801 N 50TH ST OFFICE
TAMPA FL 33617
66-550-1118

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	HORNED, DON	
STREET ADDRESS	11801 N 50TH STREET E-12	
CITY-ST-ZIP	TAMPA FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	COWLES, GENE	
STREET ADDRESS	615 SPRING BLOSSOM CT	
CITY-ST-ZIP	BRANDON FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	PUEBLA, MARK	
STREET ADDRESS	420 VALENCIA PARK DRIVE	
CITY-ST-ZIP	SEFFNER FL 33584	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	STAVING, JAMES	
STREET ADDRESS	4226 RIVERHILLS DRIVE	
CITY-ST-ZIP	TAMPA FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	HALL, ROBERT	
STREET ADDRESS	4714 DEERWALK AVENUE	
CITY-ST-ZIP	TAMPA FL 33624	
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	PD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	PEARSON, STEVE	
1.3 STREET ADDRESS	8625 QUAIL RUN DR.	
1.4 CITY-ST-ZIP	WESLY CHAPEL FL	
2.1 TITLE	VD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	HALL, ROBERT	
2.3 STREET ADDRESS	4714 DEERWALK AVE	
2.4 CITY-ST-ZIP	TAMPA FL 33624	
3.1 TITLE	SD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	STAVING JAMES	
3.3 STREET ADDRESS	4226 RIVERHILLS DR	
3.4 CITY-ST-ZIP	TAMPA FL 33617	
4.1 TITLE	TD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	SEAY DIANE	
4.3 STREET ADDRESS	9925 CYPRESS SHADOW AVE.	
4.4 CITY-ST-ZIP	TAMPA, FL 33647	
5.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	PUEBLA, MARK	
5.3 STREET ADDRESS	11801 N. 50TH ST. F-21	
5.4 CITY-ST-ZIP	TAMPA, FL 33617	
6.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	COWLES, GENE	
6.3 STREET ADDRESS	615 SPRING BLOSSOM CT.	
6.4 CITY-ST-ZIP	BRANDON FL	

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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

STAVING

4/14/99

(813) 988-1474

Date

Daytime Phone #

CR2E037 (11/98)