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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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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
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 12/02/1982
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2313952
City & State 23	City & State 28	Applied For Not Applicable
Zip 24	Country 25	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

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
STAVING, JAMES A 11801 N 50TH ST OFFICE TAMPA FL 33617		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 _____ DATE _____
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	<input checked="" type="checkbox"/> DELETE	1.1 TITLE PD	PEARSON, STEVE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME HORNED, DON		1.2 NAME	8625 QUAIL RUN DR.
STREET ADDRESS 11801 N 50TH STREET E-12		1.3 STREET ADDRESS	
CITY-ST-ZIP TAMPA FL		1.4 CITY-ST-ZIP	WESLY CHAPEL FL
TITLE VD	<input type="checkbox"/> DELETE	2.1 TITLE VD	HALL, ROBERT <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME COWLES, GENE		2.2 NAME	4714 DEERWALK AVE
STREET ADDRESS 615 SPRING BLOSSOM CT		2.3 STREET ADDRESS	TAMPA FL 33624
CITY-ST-ZIP BRANDON FL		2.4 CITY-ST-ZIP	
TITLE SD	<input type="checkbox"/> DELETE	3.1 TITLE SD	STAVING JAMES <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME RUEBLA, MARK		3.2 NAME	4226 RIVERHILLS DR
STREET ADDRESS 420 VALENCIA PARK DRIVE		3.3 STREET ADDRESS	TAMPA FL 33617
CITY-ST-ZIP SEFFNER FL 33584		3.4 CITY-ST-ZIP	
TITLE TD	<input type="checkbox"/> DELETE	4.1 TITLE TD	SEAY DIANE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME STAVING, JAMES		4.2 NAME	9925 CYPRESS SHADOW AVE.
STREET ADDRESS 4226 RIVERHILLS DRIVE		4.3 STREET ADDRESS	TAMPA, FL 33647
CITY-ST-ZIP TAMPA FL		4.4 CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> DELETE	5.1 TITLE D	RUEBLA, MARK <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME HALL, ROBERT		5.2 NAME	11801 N. 50TH ST. F-21
STREET ADDRESS 4714 DEERWALK AVENUE		5.3 STREET ADDRESS	TAMPA, FL 33617
CITY-ST-ZIP TAMPA FL 33624		5.4 CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> DELETE	6.1 TITLE D	COWLES, GENE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME PEARSON, STEVE		6.2 NAME	615 SPRING BLOSSOM CT.
STREET ADDRESS 8625 QUAIL RUN DR		6.3 STREET ADDRESS	BRANDON FL
CITY-ST-ZIP WESLY CHAPEL FL		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, with all other like empowered.

SIGNATURE: STAVING SIGNATURE REQUIRED STAVING DATE 4/14/99 DAYTIME PHONE # (813) 988-1474

CR2E037 (1/98)