NONPROFIT CORPORATION **ANNUAL REPORT**

1999



FILE NOW: FILING FEE IS \$61.25

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # 765926 1. Corporation Name

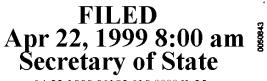
TERRACE PALMS CONDOMINIUM, INC.

Princi	pal	Place	of	Business
11801	N.	50TH	ST	REET

TAMPA FL 33617

Mailing Address

11801 N. 50TH STREET TAMPA FL 33617-1417



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



2. Principal Pl	ace of Business	2a.	Mailing Address				3. Date Incorporated or Qualifed 12/02/1982				
Suite, Apt. #, etc.		1-01	Suite, Apt. #, etc.				4. FEI Number Applied For				
22		27	_				59-2313952 Not Applicable				
City & State			City & State	_ ــــــــــــــــــــــــــــــــــــ			\$8.75 Additional				
23		28	•				5. Certificate of Status Desired Fee Required				
Zip	Country		Zip	Country			6. Election Campaign Financing 55.00 May Be				
24	25	29	30				Trust Fund Contribution Added to Fees				
9. Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent						
				81	N	lame					
CTANGAIC JAMES A					82 Street Address (P.O. Box Number is Not Acceptable)						
STAVING, JAMES A				02	62 Street Address (P.O. Box Nulliber is Not Acceptable)						
	11801 N 50TH ST OFFICE				83						
IAMPA FL	. 33617 % 1 3 5 5 4 1 3 5										
	易物的 任托			84	C	ity	FI 85 Zip Code				
11 Demonst to the equipiers of Sections 617 0502 and 617 1508. Elected Statutes, the above paged corporation submits this statement for the purpose of changing its registered											
office or n	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.										
agent. i a	m familiar with, and accept the obligation	ns of	r, Section 617.0503, Florida	Statutes	•						
SIGNATURE	Signature, typed or printed name of registered agent a	nd title	If applicable (NOTE: Rea	istored Ager	t einr	nature required :	d when reinstating) DATE				
12.	OFFICERS AND			13.	n org.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12				
TITLE	PD		DELETE	1.1 TITLE	P	D D	PEARSON, STEVE Change Addition				
NAME	HORNED, DON			1.2 NAME	-	10	5625 QUAIL RUN DR.				
STREET ADDRESS	11801 N 50TH STREET E-12			1.3 STREET	T ADV	nocee i					
	TAMPA FL			1.4 CITY-S			IFSLY CHAPEL FL				
CITY-ST-ZIP			☐ DELETE	2.1 TITLE	_	ים מי	YESLY CHAPEL FL HALL, ROBERT Change Addition 1714 DEERWALK AVE				
NAME	VD COWLES, GENE			2.2 NAME	V		THU, TONOTH ANE				
				2.3 STREET	r ann	nece 4	1714 DEERWALK THE				
STREET ADDRESS	615 SPRING BLOSSOM CT			2.4 CITY-S		, T	AnPA FL 33624				
CITY-ST-ZIP	BRANDON FL		□ DELETE			7	TAVING JAMES Change Addition				
	D. S. S. SADY			3.1 TITLE 3.2 NAME	S	$\nu \mid S$	THUING ATTINES = -				
NAME	PUEBLA, MARK					4	1226 RIVERHILLS DR				
STREET ADDRESS	420 VALENCIA PARK DRIVE			3.3 STREET		7	AmPA E1 33617				
CITY-ST-ZIP	SEFFNER FL 33584		DELETE	3.4. CITY-S 4.1 TITLE	_		AMPA FL 33617 CHANE Change Addition				
TITLE	SD MANUEL MANUEL	÷	C pereie		T	D 5	CHY DIRIUC				
NAME	STAVING, JAMES			4. 2 NAME		9	1975 CYPRESS SHADOW AVE.				
STREET ADDRESS	4226 RIVERHILLS DRIVE			4.3 STREET			AMPA, FL 33647				
CITY-ST-ZIP	TAMPA FL		□ pc: crc	4.4 CITY-S	_						
TITLE	TD		☐ DELETE	5.1 TITLE 5.2 NAME		$\mathcal{D} \mid \mathcal{P}_{\mathcal{C}}$					
NAME	HALL, ROBERT					-nree 1/	1801 N. 50T45T. F-21				
STREET ADDRESS	4714 DEERWALK AVENUE			5.3 STREET			AMPA. FL 33617				
CITY-ST-ZIP	TAMPA FL 33624			5.4 CITY-S		- 7	AMPH. PC 33617 Change Addition				
TITLE	D		☐ DELETE	6.1 TITLE		$\mathcal{D} \mid \mathcal{C}$	ML// P) (2017).				
NAME	PEARSON, STEVE			6.2 NAME		/	15 SPRING BLOSSOM CT.				
STREET ADDRESS	8625 QUAIL RUN DR			6.3 STREET							
CITY-ST-7IP	WESLY CHAPFL FL			6.4 CITY-S	T-ZIF	· 6	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 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: