## 2004 NOT-FOR-PROFIT CORPORATION

## Apr 05, 2004 8:00 am Secretary of State ANNUAL REPORT (AR) **DOCUMENT # 765926** 02-26-2004 90007 004 \*\*\*\*61.25 1. Entity Name TERRACE PALMS CONDOMINIUM, INC. Principal Place of Business Mailing Address **66403030** VANGUARD MANAGEMENT VANGUARD MANAGEMENT 9300 N 16 ST 9300 N 16 ST TAMPA FL 33612 **TAMPA FL 33612** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E037 (11/03) Applied For City & State City & State 4. FEI Number 59-2313952 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name WINFIELD, JANET Street Address (P.O. Box Number is Not Acceptable) 9300 N 16 ST **TAMPA FL 33612** Zip Code City 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agen **SIGNATURE** (NOTE: Registered Agent signature required DATE FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. Due By May 1, 2004 Added to Fees Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. MILE Delete Chance ☐ Addition TITLE STARTHER, MIKE NAME NAME 11801 N. 50 ST., E-13 STREET ADDRESS STREET ADDRESS TAMPA FL 33617 CITY-ST-ZIP CITY-ST-ZIP TITLE -Delete TITLE ☐ Change Addition AKBAR, KARRIEMA NAME NAME 11801 50 ST., B-12 STREET ADDRESS STREET ADDRESS **TAMPA FL 33617** CITY-ST-ZIP CITY-ST-ZIP TITLE-Delete TITLE ☐ Addition Áisha Waheed WAHEED, AISHA NAME NAME 11801 N. 50 ST., F-24 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TAMPA FL 33617 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition HAHN, GEORGE George Hahn NAME NAME 11801 N. 50 ST., L-21 STREET ADDRESS STREET ADDRESS **TAMPA FL 33619** CITY-ST-ZIP CITY-ST-ZXP TITLE TITLE Delete Change Addition Tsabel Pereira 11801 N. 5025. C-B MCDONALD, CHRIS NAME NAME 11801 N. 50 ST., G-11 STREET ADDRESS STREET ADDRESS TAMPA FL 33617 CITY-ST-ZIP CITY-ST-ZIP HIDE TITLE ☐ Change ☐ Addition Delete WINFIELD, JANET

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

TED NAME OF SIGNING DEFICER OF DIRECTOR

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

9300 N. 16 STREET

TAMPA FL 33612

NAME

STREET ADDRESS

FILED