



**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 25, 2005 8:00 am**  
**Secretary of State**

04-25-2005 90235 046 \*\*\*\*61.25

<b>DOCUMENT # 765926</b>					
1. Entity Name TERRACE PALMS CONDOMINIUM, INC.					
Principal Place of Business VANGUARD MANAGEMENT 9300 N 16 ST TAMPA, FL 33612		Mailing Address VANGUARD MANAGEMENT 9300 N 16 ST TAMPA, FL 33612 US			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2313952	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
WINFIELD, JANET 9300 N 16 ST TAMPA, FL 33612			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL Zip Code		
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 agent.					
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D	<input type="checkbox"/> Delete	TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STARTHER, MIKE		NAME	starcher, Mike	
STREET ADDRESS	11801 N. 50 ST., E-13		STREET ADDRESS		
CITY-ST-ZIP	TAMPA, FL 33617		CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AKBAR, KARRIEMA		NAME		
STREET ADDRESS	11801 50 ST., B-12		STREET ADDRESS		
CITY-ST-ZIP	TAMPA, FL 33617		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AISHA, WAHEED		NAME		
STREET ADDRESS	11801 N. 50 ST., F-24		STREET ADDRESS		
CITY-ST-ZIP	TAMPA, FL 33617		CITY-ST-ZIP		
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAHN, GEORGE		NAME		
STREET ADDRESS	11801 N. 50 ST., L-21		STREET ADDRESS		
CITY-ST-ZIP	TAMPA, FL 33619		CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PEREIRA, ISABEL		NAME		
STREET ADDRESS	11801 NORTH 50TH ST., C-B		STREET ADDRESS	11801 N. 50th St. C-13	
CITY-ST-ZIP	TAMPA, FL 33617		CITY-ST-ZIP	Tampa FL 33617	
TITLE	A	<input checked="" type="checkbox"/> Delete	TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WINFIELD, JANET		NAME	Oley, Carl	
STREET ADDRESS	9300 N. 16 STREET		STREET ADDRESS	11801 N. 50th St. H-13	
CITY-ST-ZIP	TAMPA, FL 33612		CITY-ST-ZIP	Tampa FL 33617	
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.					
SIGNATURE: 		CARL M OLEY		Date: 4-18-05 Daytime Phone #: 813-486-0520	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date	