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Jan 16 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 766239 (8)

1. Corporation Name

TERRANOVA CONDOMINIUM ASSOCIATION INC.

Principal Place of Business

Mailing Address

% PROFESSIONAL COMM. MNGT., INC.  
9600 N.W. 25 STREET, STE. 2C  
MIAMI FL 33172% PROFESSIONAL COMM. MNGT., INC.  
9600 N.W. 25 STREET, STE. 2C  
MIAMI FL 33172-14163. Date Incorporated or Qualified  
12/22/19823a. Date of Last Report  
06/18/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City &amp; State

City &amp; State

23

28

Zip

Country

Zip

Country

24

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PROFESSIONAL COMMERCIAL MNGT., INC.  
9600 NW 25 STREET, STE. 2C  
MIAMI FL 33172

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

1/2/97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD  
NAME BLANCO, MARIA I  
STREET ADDRESS 10835 NW 7 STREET, #11  
CITY-ST-ZIP MIAMI FL 331721.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIPTITLE VPD  
NAME GAVICA, CARMEN  
STREET ADDRESS 10839 N.W. 7 STREET, #22  
CITY-ST-ZIP MIAMI FL 331722.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIPTITLE SD  
NAME LINARES, LUCELLY  
STREET ADDRESS 10877 N.W. 7 STREET, #23  
CITY-ST-ZIP MIAMI FL 331723.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIPTITLE TD  
NAME YURUBI, MARIA  
STREET ADDRESS 10875 N.W. 7 STREET, #13  
CITY-ST-ZIP MIAMI FL 331724.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIPTITLE D  
NAME BARRIAULT, MYRNA  
STREET ADDRESS 10861 N.W. 7 STREET, #22  
CITY-ST-ZIP MIAMI FL 331725.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIPTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0032610

CR2E037 (9/96)