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Mar 17 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N00608 (2)
 1. Corporation Name
TERRA COVE HOMEOWNERS CORPORATION NUMBER TWO, IN C.



Principal Place of Business C/O LAW OFFICE OF HARLAN R. DOMBER, P.A. 2801 FRUITVILLE RD., SUITE 150 SARASOTA FL 34237 US	Mailing Address C/O LAW OFFICE OF HARLAN R. DOMBER, P.A. 2801 FRUITVILLE RD., SUITE 150 SARASOTA FL 34237-5301 US
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3. Date Incorporated or Qualified 12/27/1983	3a. Date of Last Report 02/27/1996
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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4. FEI Number 59-2280878	Applied For <input type="checkbox"/> Not Applicable
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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

DOMBER, HARLAN R.
2801 FRUITVILLE RD.
SUITE 150
SARASOTA FL 34237

10. Name and Address of New Registered Agent

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	SWEARINGEN, JAMES
STREET ADDRESS	29 ANNE BONNY CIR
CITY-ST-ZIP	NOKOMIS FL
TITLE	SD <input type="checkbox"/> DELETE
NAME	TAYLOR, HELEN
STREET ADDRESS	21 LAFITTE DR
CITY-ST-ZIP	NOKOMIS FL
TITLE	SD <input type="checkbox"/> DELETE
NAME	SPANGLER, CLYDE
STREET ADDRESS	82 ANNE BONNY CIR
CITY-ST-ZIP	NOKOMIS FL
TITLE	DC <input type="checkbox"/> DELETE
NAME	PETRUCELLI, PETER
STREET ADDRESS	63 GASPARILLA LN
CITY-ST-ZIP	NOKOMIS FL
TITLE	TD <input type="checkbox"/> DELETE
NAME	DELFOSS, DONALD
STREET ADDRESS	84 ANNE BONNY CIR
CITY-ST-ZIP	NOKOMIS FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	C <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Taylor, Helen
1.3 STREET ADDRESS	21 Lafitte Dr.
1.4 CITY-ST-ZIP	Nokomis, Fl. 34275
2.1 TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Petrucelli, Peter
2.3 STREET ADDRESS	63 Gasparilla Ln.
2.4 CITY-ST-ZIP	Nokomis, Fl. 34275
3.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Spangler, Clyde
3.3 STREET ADDRESS	82 Anne Bonny Cir.
3.4 CITY-ST-ZIP	Nokomis, Fl. 34275
4.1 TITLE	SD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Amling, Beverly
4.3 STREET ADDRESS	25 Long Ben Ln.
4.4 CITY-ST-ZIP	Nokomis, Fl. 34275
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: *Helen Taylor* 3-10-97 941-485-2443

CR2E037 (9/96)