

FILE NOW: FILING FEE IS \$61.25

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Mar 10 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> 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 <b>C/O LAW OFFICE OF HARLAN R. DOMBER, P.A. 2801 FRUITVILLE RD., SUITE 150 SARASOTA FL 34237 US</b>	Mailing Address <b>C/O LAW OFFICE OF HARLAN R. DOMBER, P.A. 2801 FRUITVILLE RD., SUITE 150 SARASOTA FL 34237 US</b>
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3. Date incorporated or Qualified <b>12/27/1983</b>	4. FEI Number <b>59-2280878</b>	Applied For <input type="checkbox"/> Not Applicable
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2. Principal Place of Business 21 <b>3900 Clark Road</b> Suite, Apt. #, etc. 22 <b>Suite L-1</b> City & State 23 <b>Sarasota, FL</b> Zip 24 <b>34233</b>	2a. Mailing Address 26 <b>3900 Clark Road</b> Suite, Apt. #, etc. 27 <b>Suite L-1</b> City & State 28 <b>Sarasota, FL</b> Zip 29 <b>34233</b> Country 30 <b>USA</b>
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <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)  
**3900 Clark Road**  
83 **Suite L-1**  
84 City **Sarasota** FL 85 Zip Code **34233**

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 *Harlan R. Domber* **HARLAN R. DOMBER** DATE **2/8/98**

12. OFFICERS AND DIRECTORS

TITLE	<b>C</b>	<input type="checkbox"/> DELETE
NAME	<b>TAYLOR, HELEN</b>	
STREET ADDRESS	<b>21 LAFITTE DR.</b>	
CITY-ST-ZIP	<b>NOKOMIS FL</b>	
TITLE	<b>VD</b>	<input type="checkbox"/> DELETE
NAME	<b>PETRUCELLI, PETER</b>	
STREET ADDRESS	<b>63 GASPARILLA LN</b>	
CITY-ST-ZIP	<b>NOKOMIS FL</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>SPANGLER, CLYDE</b>	
STREET ADDRESS	<b>82 ANNE BONNY CIR</b>	
CITY-ST-ZIP	<b>NOKOMIS FL</b>	
TITLE	<b>DC</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>PETRUCELLI, PETER</b>	
STREET ADDRESS	<b>63 GASPARILLA LN</b>	
CITY-ST-ZIP	<b>NOKOMIS FL</b>	
TITLE	<b>TD</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>DELFOSS, DONALD</b>	
STREET ADDRESS	<b>84 ANNE BONNY CIR</b>	
CITY-ST-ZIP	<b>NOKOMIS FL</b>	
TITLE	<b>SD</b>	<input type="checkbox"/> DELETE
NAME	<b>AMLING, BEVERLY</b>	
STREET ADDRESS	<b>25 LONG BEN LN</b>	
CITY-ST-ZIP	<b>NOKOMIS FL</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>C</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>Petrucelli, Peter J.</b>	
1.3 STREET ADDRESS	<b>63 Gasparilla Ln.</b>	
1.4 CITY-ST-ZIP	<b>Nokomis, Fl. 34275</b>	
2.1 TITLE	<b>VD</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>Lake, Richard W.</b>	
2.3 STREET ADDRESS	<b>71 Long Ben Ln.</b>	
2.4 CITY-ST-ZIP	<b>Nokomis, Fl. 34275</b>	
3.1 TITLE	<b>VD</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>Thoene, Milton, H.</b>	
3.3 STREET ADDRESS	<b>55 Blackbeard Ln.</b>	
3.4 CITY-ST-ZIP	<b>Nokomis, Fl. 34275</b>	
4.1 TITLE	<b>TD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>Taylor, Helen R.</b>	
4.3 STREET ADDRESS	<b>21 Lafitte Dr.</b>	
4.4 CITY-ST-ZIP	<b>Nokomis, Fl. 34275</b>	
5.1 TITLE	<b>SD</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	<b>Amling, Beverly</b>	
5.3 STREET ADDRESS	<b>25 Long Ben Ln.</b>	
5.4 CITY-ST-ZIP	<b>Nokomis, Fl. 34275</b>	
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 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: *Peter J. Petrucelli* **Petrucelli, Peter J.** DATE **3-4-98** 941-488-7368

CP25037 (10/97)