

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000002944

FILED
Apr 27, 2007
Secretary of State

Entity Name: TERRACE RIVER LANDINGS TOWNHOME ASSOCIATION, INC.

Current Principal Place of Business:

5623 US HWY 19
201
NEW PORT RICHEY, FL 34652 US

Current Mailing Address:

P O BOX 670
PORT RICHEY, FL 34673 US

New Principal Place of Business:

5623 US HIGHWAY 19
SUITE 201
NEW PORT RICHEY, FL 34652 US

New Mailing Address:

PO BOX 670
PORT RICHEY, FL 34673 US

FEI Number: 20-4744708 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

SPALL, MICHAEL
5623 US HWY 19
SUITE 201
NEW PORT RICHEY, FL 34652 US

Name and Address of New Registered Agent:

FIEBE, CRAIG J
5623 US HIGHWAY 19
SUITE 201
NEW PORT RICHEY, FL 34652 US

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.

SIGNATURE: CRAIG J FIEBE

04/27/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PTD () Delete
Name: SPALL, MICHAEL
Address: 5623 US HWY 19 STE 201
City-St-Zip: NEW PORT RICHEY, FL 34652

Title: VPD () Delete
Name: PASCVELI, PETER
Address: 5623 US HWY 19 STE 201
City-St-Zip: NEW PORT RICHEY, FL 34652

Title: S () Delete
Name: SPALL, MICHAEL
Address: 5623 US HWY 19 STE 201
City-St-Zip: NEW PORT RICHEY, FL 34652

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PTD (X) Change () Addition
Name: FIEBE, JOANNE K
Address: 5623 US HIGHWAY 19 SUITE 201
City-St-Zip: NEW PORT RICHEY, FL 34652

Title: D (X) Change () Addition
Name: CONROY, THERESA
Address: 5623 US HIGHWAY 19 SUITE 201
City-St-Zip: NEW PORT RICHEY, FL 34652

Title: D (X) Change () Addition
Name: MCGOWAN, MATTHEW
Address: 5623 US HIGHWAY 19 SUITE 201
City-St-Zip: NEW PORT RICHEY, FL 34652

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOANNE K FIEBE

PTD

04/27/2007

Electronic Signature of Signing Officer or Director

Date