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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

NONPROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Wortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N45328 (4)  
1. Corporation Name  
THE TERRA CEIA CLUB CONDOMINIUM ASSOCIATION, INC



Principal Place of Business Mailing Address  
2320 GRAND BAY CLUB BOULEVARD UNIT 105 PALMETTO FL 34221  
2320 GRAND BAY CLUB BOULEVARD UNIT 105 PALMETTO FL 34221

3. Date Incorporated or Qualified 09/26/1991  
3a. Date of Last Report 07/19/1996  
4. FEI Number NOT APPLICABLE  
5. Certificate of Status Desired  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business 2a. Mailing Address  
21 2320 TERRA CEIA BAY BLVD  
22 Suite, Apt. #, etc. SAME  
23 PALMETTO, FL.  
24 34221 25 MANATEE 28 City & State  
29 30 Country

9. Name and Address of Current Registered Agent  
CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

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 *[Signature]* BY CT CORPORATION - 9/19/97  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE

12. OFFICERS AND DIRECTORS		
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	RESCHKE, MICHAEL W	
STREET ADDRESS	77 W. WACKER DRIVE., SUITE 3900	
CITY-ST-ZIP	CHICAGO IL 60601	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	SKOJEN, GARY J	
STREET ADDRESS	77 W. WACKER DRIVE., SUITE 3900	
CITY-ST-ZIP	CHICAGO IL 60601	
TITLE	VSD	<input type="checkbox"/> DELETE
NAME	RUDNIK, ROBERT J	
STREET ADDRESS	77 W. WACKER DRIVE., SUITE 3900	
CITY-ST-ZIP	CHICAGO IL 60601	
TITLE	VT	<input type="checkbox"/> DELETE
NAME	JOHN, WARREN H	
STREET ADDRESS	77 W. WACKER DRIVE., SUITE 3900	
CITY-ST-ZIP	CHICAGO IL 60601	
TITLE	S	<input type="checkbox"/> DELETE
NAME	HOFFMAN, JAMES F	
STREET ADDRESS	77 W. WACKER DRIVE., SUITE 3900	
CITY-ST-ZIP	CHICAGO IL 60601	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	LUX, JOHN P.	
1.3 STREET ADDRESS	2320 TERRA CEIA BAY BLVD. # 701	
1.4 CITY-ST-ZIP	PALMETTO, FLORIDA 34221	
2.1 TITLE	VD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	BERNICE BONNOR	
2.3 STREET ADDRESS	2323549--3	
2.4 CITY-ST-ZIP	-10/17/97--01115--003 ****236.25 ****236.25	
3.1 TITLE	SVD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	BARTLETT, BERNICE C.	
3.3 STREET ADDRESS	2320 TERRA CEIA BAY BLVD. -# 601	
3.4 CITY-ST-ZIP	PALMETTO, FLORIDA 34221	
4.1 TITLE	VTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	JOHN, WARREN H	
4.3 STREET ADDRESS	77 W. WACKER DR. SUITE 3900	
4.4 CITY-ST-ZIP	CHICAGO, IL 60601	
5.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	HOFFMAN, JAMES F	
5.3 STREET ADDRESS	77 W. WACKER DR. SUITE 3900	
5.4 CITY-ST-ZIP	CHICAGO, IL 60601	
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.

CR2E037 (9/96)

66 10-16-97