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NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N45328

1. Corporation Name

THE TERRA CEIA CLUB CONDOMINIUM ASSOCIATION, INC

Principal Place of Business

2320 TERRA CEIA BAY BLVD
 PALMETTO FL 34221

Mailing Address

2320 TERRA CEIA BAY BLVD
 PALMETTO FL 34221



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

09/26/1991

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

Applied For

22 City & State

27 City & State

NOT APPLICABLE

Not Applicable

23 Zip

Country

28 Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

24

25

29

30

6. Election Campaign Financing

\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION FL 33324

81 Name **HARMONY MANAGEMENT**
 82 Street Address (P.O. Box Number is Not Acceptable)
4400 EL CONQUISTADOR PARKWAY
 83
 84 City **BRADENTON** FL 85 Zip Code **34282**

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 **John A. Hagerly**
Signature, typed or printed name of registered agent and title if applicable.

John A. Hagerly
(NOTE: Registered agent signature required when reinstating)

1/25/99
DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input type="checkbox"/> DELETE
NAME	LUX, JOHN P	
STREET ADDRESS	2320 TERRA CEIA BAY BLVD #701	
CITY-ST-ZIP	PALMETTO FL 34221	
TITLE	VSD	<input checked="" type="checkbox"/> DELETE
NAME	RUDNIK, ROBERT J	
STREET ADDRESS	77 W WACKER DRIVE., SUITE 3900	
CITY-ST-ZIP	CHICAGO IL 60601	
TITLE	VTD	<input type="checkbox"/> DELETE
NAME	JOHN, WARREN H	
STREET ADDRESS	77 W WACKER DRIVE., SUITE 3900	
CITY-ST-ZIP	CHICAGO IL 60601	
TITLE	VB	<input checked="" type="checkbox"/> DELETE
NAME	SKOEN, GARY J	
STREET ADDRESS	77 W WACKER DR STE 3900	
CITY-ST-ZIP	CHICAGO IL 60601	
TITLE	SVD	<input type="checkbox"/> DELETE
NAME	BARTLETT, BERNICE C	
STREET ADDRESS	2320 TERRA CEIA BAY BLVD #601	
CITY-ST-ZIP	PALMETTO FL 34221	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	JD Harvey, William
2.3 STREET ADDRESS	2320 TERRA CEIA BAY BLVD #606
2.4 CITY-ST-ZIP	PALMETTO, FL 34221
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	TD Klein, Barbara
4.3 STREET ADDRESS	2320 TERRA CEIA BAY BLVD #801
4.4 CITY-ST-ZIP	PALMETTO, FL 34221
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 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, with all other like empowered.

SIGNATURE: **John A. Hagerly**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/25/99 **941-758-8624**
Date Daytime Phone #

CR2E037 (1/198)