


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 31, 2005 8:00 am**  
**Secretary of State**

03-31-2005 90055 031 \*\*\*\*61.25

**DOCUMENT # N45328**

1. Entity Name  
 THE TERRA CEIA CLUB CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business  
 HARMONY MGMT.  
 4400 EL CONQUISTADOR PKWY. #13  
 BRADENTON, FL 34210

Mailing Address  
 4400 EL CONQUISTADOR #1  
 BRADENTON, FL 34210

**50032670**



2. Principal Place of Business  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

3. Mailing Address  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

01142005 Chg-NP CR2E037 (10/03)

4. FEI Number  
 65-0758165

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

HAGERTY, JOHN  
 HARMONY MGMT.  
 4400 EL CONQUISTADOR PKWY.  
 BRADENTON, FL 34210

7. Name and Address of New Registered Agent

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City FL Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25**  
**Due by May 1, 2005**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

**Make check payable to Florida Department of State**

10. OFFICERS AND DIRECTORS

|  |   |  |
|--|---|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PD<br>LABAR, JACK<br>2320 TERRA CEIA BAY BV. #703<br>PALMETTO, FL 34221         | <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VPD<br>ANGULO, CHARLES<br>2320 TERRA CELIA BAY BLVD. #701<br>PALMETTO, FL 34221 | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | DT<br>NACHTIGEL, MIKE<br>2320 TERRA CEIA BAY BLVD #302<br>PALMETTO, FL 34221    | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>HANSON, DELLOR<br>2320 TERRA CEIA BAY BLVD. #502<br>PALMETTO, FL 34221     | <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | SD<br>BRANDEN, JOEL<br>2320 TERRA CEIA BAY BLVD. #802<br>PALMETTO, FL 34221     | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Delete            |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

|  |  |  |
|--|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | DP<br>ANGULO, CHARLES<br>2320 TERRA CEIA BAY BLVD. #701<br>PALMETTO, FL 34221        | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | Treasurer<br>NACHTIGEL, MIKE<br>2320 TERRA CEIA BAY BLVD. #302<br>PALMETTO, FL 34221 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | SP<br>ZEM, SAUDY<br>2320 TERRA CEIA BAY BLVD #503<br>PALMETTO, FL 34221              | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | DP/SD<br>BRANDEN, JOEL<br>2320 TERRA CEIA BAY BLVD. #802<br>PALMETTO, FL 34221       | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>Kanyok, Sy<br>2320 TERRA Ceia Bay Blvd #411<br>PALMETTO FL 34221                | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** M. A. Schlegel 3-18-05  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #