

FILE NOW: FILING FEE IS \$61.25

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Feb 12 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # 712224 (5)  
1. Corporation Name  
1475 TERRA TOWERS CONDOMINIUM, INC.



Principal Place of Business Mailing Address  
1475 N.E. 125TH TERR. NO. MIAMI FL 33161 1475 N.E. 125TH TERR. NO. MIAMI FL 33161

3. Date Incorporated or Qualified  
02/08/1967

4. FEI Number  
59-1159693

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

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

7. Is this nonprofit corporation a homeowners association?  Yes  No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 25 29 30

9. Name and Address of Current Registered Agent  
MCKEE, WAYNE  
1475 N.E. 125TH TERR, APT. 504  
TERRA TOWERS CONDOMINIUM INC  
NORTH MIAMI FL 33161

10. Name and Address of New Registered Agent

81 Name EDMOND JOHNSON

82 Street Address (P.O. Box Number is Not Acceptable)  
1475 N.E. 125TH TERR.  
UNIT 312

84 City No. MIAMI FL 85 Zip Code 33161

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: *X Edmond O. Johnson* DATE: \_\_\_\_\_

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VPD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	PD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BROOKS, WAYNE	1.2 NAME	JOHNSON, EDMOND
STREET ADDRESS	1475 N.E. 125TH TERR., APT. 208	1.3 STREET ADDRESS	1475 N.E. 125TH TERR. #312
CITY-ST-ZIP	NO MIAMI FL	1.4 CITY-ST-ZIP	NO, MIAMI FL 33161
TITLE	VPD <input type="checkbox"/> DELETE	2.1 TITLE	VPD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BISIANA, SOFIA	2.2 NAME	EVANOFF, CATHERINE
STREET ADDRESS	1475 N.E. 125TH TERR., APT. 606	2.3 STREET ADDRESS	1475 N.E. 125TH TERR # 605
CITY-ST-ZIP	N. MIAMI FL	2.4 CITY-ST-ZIP	N. MIAMI FL 33161
TITLE	SD <input type="checkbox"/> DELETE	3.1 TITLE	SD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	EDGREN, SALLY	3.2 NAME	BUTLER, MATT
STREET ADDRESS	1475 N.E. 125TH TERR., APT. 209	3.3 STREET ADDRESS	1475 N.E. 125TH TERR. #311
CITY-ST-ZIP	NO MIAMI FL	3.4 CITY-ST-ZIP	N. MIAMI FL 33161
TITLE	AS <input type="checkbox"/> DELETE	4.1 TITLE	TD <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EVANOF, CATHERINE	4.2 NAME	KRUGHMAN, BETTY
STREET ADDRESS	1475 N.E. 125TH TERR., APT. 605	4.3 STREET ADDRESS	1475 N.E. 125TH TERR # 105
CITY-ST-ZIP	N. MIAMI FL	4.4 CITY-ST-ZIP	N. MIAMI FL 33161
TITLE	TD <input type="checkbox"/> DELETE	5.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KRUGHMAN, BETTY	5.2 NAME	BESIANA, SOFIA
STREET ADDRESS	1475 N.E. 125TH TERR., APT. 105	5.3 STREET ADDRESS	1475 N.E. 125TH TERR # 606
CITY-ST-ZIP	N. MIAMI FL	5.4 CITY-ST-ZIP	N. MIAMI FL 33161
TITLE	PD <input checked="" type="checkbox"/> DELETE	6.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MCKEE, WAYNE	6.2 NAME	WILLIAMS, RAYMOND
STREET ADDRESS	1475 N.E. 125TH TERR., APT. 504	6.3 STREET ADDRESS	1475 N.E. 125TH TERR # 304
CITY-ST-ZIP	NO. MIAMI FL	6.4 CITY-ST-ZIP	N. MIAMI FL 33161

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: *X Edmond O. Johnson* DATE: \_\_\_\_\_ DAYTIME PHONE # \_\_\_\_\_

CR2E037 (10/97)