

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION  
ANNUAL REPORT  
1995



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

FILED

95 FEB 17 PM 3:31

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 732878 (4)  
1. Corporation Name  
TERRA TRANQUILA IMPROVEMENT ASSOCIATION, INC

Principal Place of Business Mailing Address  
P. O. BOX 27-2904 P. O. BOX 27-2904  
BOCA RATON FL 33429 BOCA RATON FL 33429

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 05/29/1975 3a. Date of Last Report 02/01/1994  
4. FEI Number 59-1964019 Applied For 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  
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ \$68.75 Supplemental Fee Not Required  
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 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip 28 Zip Country 29 Zip Country  
24 25 29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LEWIS, FRANK  
6812 CALLE DEL PAZ NORTH  
BOCA RATON, FL  
33433

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE Frank Lewis

2/14/95

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ~~PD~~  
NAME CIURLA, DENNIS  
STREET ADDRESS 6936 CALLE DEL PAZ S Delete  
CITY-ST-ZIP BOCA RATON, FL 00000  
TITLE D  
NAME DELVECCHIO, PAUL  
STREET ADDRESS 6847 CALLE DEL PAZ SOUTH  
CITY-ST-ZIP BOCA RATON FL  
TITLE VD  
NAME CIRAULO, TIM  
STREET ADDRESS 6974 CALLE DEL PAZ W  
CITY-ST-ZIP BOCA RATON, FL 00000  
TITLE SD  
NAME HIMMEL, MARIA  
STREET ADDRESS 6900 CALLE DEL PAZ N  
CITY-ST-ZIP BOCA RATON, FL 00000  
TITLE D  
NAME CARPENTER, RAY Delete  
STREET ADDRESS 6984 CALLE DEL PAZ W  
CITY-ST-ZIP BOCA RATON FL  
TITLE TD  
NAME LEWIS, FRANK  
STREET ADDRESS 6812 CALLE DEL PAZ N  
CITY-ST-ZIP BOCA RATON FL

1.1 TITLE D  
1.2 NAME MCGIBERN, PATRICK  
1.3 STREET ADDRESS 6860 CALLE DEL PAZ S  
1.4 CITY-ST-ZIP BOCA RATON, FL 33433  
2.1 TITLE PD  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP  
3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP  
4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP  
5.1 TITLE D  
5.2 NAME O'DELL, DAVID  
5.3 STREET ADDRESS 6821 CALLE DEL PAZ S  
5.4 CITY-ST-ZIP BOCA RATON, FL 33433  
6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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 817, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Frank Lewis

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Frank Lewis, TREASURER

2/14/95

407-637-7305