FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **732878** **(4)**

1. Corporation Name

TERRA TRANQUILA IMPROVEMENT ASSOCIATION, INC

Principal Place of Business	Mailing Address
P. O. BOX 27-2984 BOCA RATON FL 33429	P. O. BOX 27-2984 BOCA RATON FL 33429

3. Date Incorporated or Qualified: **05/29/1975**

3a. Date of Last Report: **02/17/1995**

2. Principal Place of Business — 21:

Suite, Apt. #, etc. — 22:

City & State — 23:

Zip — 24: Country — 25:

2a. Mailing Address — 26:

Suite, Apt. #, etc. — 27:

City & State — 28:

Zip — 29: Country — 30:

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

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

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	MCGIVERN, PATRICK		1.2 NAME		
STREET ADDRESS	6860 CALLE DEL PAZ S		1.3 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON, FL 00000		1.4 CITY-ST-ZIP		
TITLE	PD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	DELVECCHIO, PAUL		2.2 NAME		
STREET ADDRESS	6847 CALLE DEC PAZ SOUTH		2.3 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL		2.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	CIRAULO, TIM		3.2 NAME		
STREET ADDRESS	6974 CALLE DEL PAZ W		3.3 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON, FL 00000		3.4 CITY-ST-ZIP		
TITLE	SD	☒ DELETE	4.1 TITLE	SD	☐ Change ☒ Addition
NAME	HIMMEL, MARIA		4.2 NAME	AUGUST LEONE	
STREET ADDRESS	6900 CALLE DEL PAZ N		4.3 STREET ADDRESS	6917 CALLE DEL PAZ SOUTH	
CITY-ST-ZIP	BOCA RATON, FL 00000		4.4 CITY-ST-ZIP	BOCA RATON, FL 33433	
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	O'DELL, DAVID		5.2 NAME		
STREET ADDRESS	6821 CALLE DEL PAZ S		5.3 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL		5.4 CITY-ST-ZIP		
TITLE	TD	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	LEWIS, FRANK		6.2 NAME		
STREET ADDRESS	6812 CALLE DEL PAZ N		6.3 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL		6.4 CITY-ST-ZIP		

CR2E037 (12/95)

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 119.07(3)(k), 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: Frank D. Lewis Treasurer Frank D Lewis 1/30/96 407-391-1514

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #