

FILE NOW: FILING FEE IS \$61.25

FILED
May 19 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **747256** (6)
1. Corporation Name
TERRACE EAST CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business 1801 GLENGARY STREET SARASOTA FL 34231-0803	Mailing Address 1801 GLENGARY STREET SARASOTA FL 34231-3803
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 05/18/1979	3a. Date of Last Report 04/10/1996
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number 59-1462463	Applied For <input type="checkbox"/> Not Applicable
22. City & State	27. City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24. Country	29. Country	30. Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent
**CONDOMINIUM MANAGEMENT, INC.
1801 GLENGARY STREET
SARASOTA FL 34231-0803**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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	
TITLE	PD <input type="checkbox"/> DELETE
NAME	SHARP, CATHERINE G
STREET ADDRESS	5300 OCEAN BLV #703
CITY-ST-ZIP	SARASOTA FL 34242
TITLE	VD <input type="checkbox"/> DELETE
NAME	HAAKE, BERNARD
STREET ADDRESS	5300 OCEAN BLVD #503
CITY-ST-ZIP	SARASOTA FL 34242
TITLE	SD <input type="checkbox"/> DELETE
NAME	BOARDMAN, NORMAN D
STREET ADDRESS	5300 OCEAN BLVD #1203
CITY-ST-ZIP	SARASOTA FL 34242
TITLE	TD <input type="checkbox"/> DELETE
NAME	MOBERG, DONALD R
STREET ADDRESS	5300 OCEAN BLVD #803
CITY-ST-ZIP	SARASOTA FL 34242
TITLE	AS <input type="checkbox"/> DELETE
NAME	CLARK, PAUL R
STREET ADDRESS	1801 GLENGARY STR
CITY-ST-ZIP	SARASOTA FL
TITLE	D <input type="checkbox"/> DELETE
NAME	AVILA, ROBERT
STREET ADDRESS	5300 OCEAN BLVD. #1202
CITY-ST-ZIP	SARASOTA FL 34242

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
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 type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
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 type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
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 do 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, as changed, or in an attachment with my address.

SIGNATURE: *Richard Clark* **4/23/97** **P. Richard Clark**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # **941-921-5393**

CR2E037 (9/96)