

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

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DOCUMENT # 747697	
1. Entity Name Terra Condominium Association, Inc	

FILED

2008 MAR 19 PM 4:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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2. Principal Place of Business - No P.O. Box # 101 Park Place Blvd		3. Mailing Address	
Suite, Apt. #, etc. Suite 101		Suite, Apt. #, etc.	
City & State Kissimmee, FL		City & State	
Zip 34741	Country USA	Zip	Country

700121119547
03/25/08--01011--003 **61.25
CR2E037B (5/07)

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4. FEI Number	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
7. Name and Address of Current Registered Agent	
Name Assoc. Management Corp of Central FL Inc	
Street Address (P.O. Box Number is Not Acceptable) 101 Park Place Blvd, Ste 2	
City Kissimmee	FL Zip Code 34741

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.

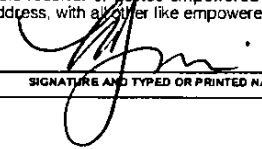
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FEE IS \$61.25 Initial or Amended AR	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Colucci, Michael 1046 Plantation Dr., E6 Kissimmee, FL 34741
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD Devillers, George 1038 Plantation Dr., D11 Kissimmee, FL 34741
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Mittica, William 1030 Plantation Dr., C7 Kissimmee, FL 34741
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Carter, Barbara 1032 Plantation Dr., C11 Kissimmee, FL 34741
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Portman, Patricia 1038 Plantation Dr., D11 Kissimmee, FL 34741
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Phinney Rebecca 1006 Plantation Dr., F9 Kissimmee, FL 34741

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 on an attachment with an address, with all other like empowered.

SIGNATURE:  **MICHAEL J. COLUCCI** 2-21-08 407-791-3441
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

3/19aw