NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

For Office Use Only

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FILED

2008 MAR 19 PM 4:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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03/25/08--01011--003 **61.25

CR2E037B (5/07)

DOCUMENT # 747697

1. Entity Name

Terra Condominium Association, Inc

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

4. FEI Number ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

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7. Name and Address of Current Registered Agent

Name: Assoc. Management Grp 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 _____ DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	Colucci, Michael
STREET ADDRESS	1046 Plantation Dr., E6
CITY-ST-ZIP	Kissimmee, Fl 34741
TITLE	VPD
NAME	DeVillers, George
STREET ADDRESS	1038 Plantation Dr., D11
CITY-ST-ZIP	Kissimmee, Fl 34741
TITLE	TD
NAME	Mittica, William
STREET ADDRESS	1030 Plantation Dr., C7
CITY-ST-ZIP	Kissimmee, Fl 34741
TITLE	SD
NAME	Carter, Barbara
STREET ADDRESS	1032 Plantation Dr., C11
CITY-ST-ZIP	Kissimmee, Fl 34741
TITLE	D
NAME	Portman, Patricia
STREET ADDRESS	1038 Plantation Dr., D11
CITY-ST-ZIP	Kissimmee, Fl 34741
TITLE	D
NAME	Phinney Rebecca
STREET ADDRESS	1006 Plantation Dr., F9
CITY-ST-ZIP	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 #

3/19 aw