

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Mar 07, 2007 8:00 am
Secretary of State

03-07-2007 90020 009 ****61.25

DOCUMENT # 759879

1. Entity Name

TERRACE GARDENS, INC.



Principal Place of Business

730 N.E. JENSEN BEACH BLVD.
JENSEN BEACH FL 34957
US

Mailing Address

730 N.E. JENSEN BEACH BLVD.
JENSEN BEACH FL 34957
US

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2127645

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

1st MOORE

CR2E037 (10/06)



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BODEM, LOREN E.
815 COLORADO AVE.
SUITE 305
STUART FL 34994

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2007**

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
NAME
STREET ADDRESS
CITY - ST - ZIP
DP
FOOHS, WALTER H
4255 SE HOME WAY
PORT ST LUCIE FL 34925 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
SD
REARDON, JOHN
20 LINCOLN AVE
ATTLEBORO MA 02703 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
TD
REARDON, SALLY
20 LINCOLN AVE
ATTLEBORO MA 02703 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
VD
FOPIANO, AUGUST
2118 57TH STREET
BROOKLYN NY ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
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☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Walter H. Foohs

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

January 26, 07

DATE DAYTIME PHONE #