## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 759879** 

FILED Jan 29, 2009 Secretary of State

Entity Name: TERRACE GARDENS, INC.

Current Principal Place of Business: New Principal Place of Business:

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

Current Mailing Address: New Mailing Address:

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

FEI Number: 59-2127645 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

BODEM, LOREN E.

815 COLORADO AVE.

SUITE 305

STUART, FL 34994 US

BODEM, LOREN E.

700 COLORADO AVENUE

STUART, FL 34994 US

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.

SIGNATURE: 01/29/2009

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

ATTLEBORO, MA 02703

City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:DP () DeleteTitle:DP (X) Change () AdditionName:FOOHS, WALTER HName:REARDON, JOHN J PRESIDEAddress:4255 SE HOME WAYAddress:730 NE JENSEN BEACH BLVD.City-St-Zip:PORT ST LUCIE, FL 34925City-St-Zip:JENSEN BEACH, FL 34957

Title: SD () Delete Title: SD (X) Change () Addition
Name: REARDON, JOHN Name: SALLY, JOHN SECR
Address: 20 LINCOLN AVE Address: 730 NF JENSEN BEACH BLVD

Address: 20 LINCOLN AVE Address: 730 NE JENSEN BEACH BLVD. City-St-Zip: ATTLEBORO, MA 02703 City-St-Zip: JENSEN BEACH, FL 34957

Title: TD (X) Delete Title: ( ) Change ( ) Addition Name: REARDON, SALLY Name: Address: 20 LINCOLN AVE Address:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

SIGNATURE: JOHN J. REARDON PRES 01/29/2009