

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 760335

FILED
Apr 28, 2005
Secretary of State

Entity Name: THE TERRACES AT NORTH POINT HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

3209 WINNIPEG COURT
MELBOURNE, FL 32935 US

New Principal Place of Business:

Current Mailing Address:

1777 ATRIUM DR.
MELBOURNE, FL 32935 US

New Mailing Address:

FEI Number: 59-2336084

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FRESE, GARY B., ESQ.
930 SOUTH HARBOR CITY BLVD.
MELBOURNE, FL 32901 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: TD () Delete
Name: WEATHERBY, KIMBERLY
Address: 1777 ATRIUM DR.
City-St-Zip: MELBOURNE, FL 32935

Title: D () Delete
Name: LOGSDON, WILLIAM
Address: 3210 WINNIPEG CT
City-St-Zip: MELBOURNE, FL 32935

Title: VD () Delete
Name: READ, PHILLIP
Address: 3150 WINNIPEG COURT
City-St-Zip: MELBOURNE, FL 32935

Title: TD () Delete
Name: CONRAD, MICHAEL
Address: 3209 WINNIPEG COURT
City-St-Zip: MELBOURNE, FL 32935

Title: SD () Delete
Name: SEAMAN, ADRIANA
Address: 3151 OTTAWA COURT
City-St-Zip: MELBOURNE, FL 32935

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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.

SIGNATURE: KIMBERLY WEATHERBY

TD

04/28/2005

Electronic Signature of Signing Officer or Director

Date