2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#760335

FILED Feb 04, 2009 Secretary of State

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

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

3157 OTTAWA COURT 3209 REGINA COURT

MELBOURNE, FL 32935 US MELBOURNE, FL 32935 US

Current Mailing Address: New Mailing Address:

3157 OTTAWA COURT 3208 REGINA COURT

MELBOURNE, FL 32935 US MELBOURNE, FL 32935 US

FEI Number: 59-2336084 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:

ERIKSEN, JAMES R MR. SOLA CRUZ, MARCOS A MR. 3157 OTTAWA COURT 1875 HALIFAX ST.

MELBOURNE, FL 32935 US MELBOURNE, FL 32935 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: MARCUS SOLA CRUZ 02/04/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Fitle: TD () Delete Title: TD (X) Change () Addition

 Name:
 ERIKSEN, JAMES R
 Name:
 WEISS, SHARON E

 Address:
 3157 OTTAWA COURT
 Address:
 3208 REGINA COURT

 City-St-Zip:
 MELBOURNE, FL 32935 US
 City-St-Zip:
 MELBOURNE, FL 32935 US

Title: PD () Delete Title: () Change () Addition

 Name:
 TAYLOR, JOSHUA
 Name:

 Address:
 3209 REGINA COURT
 Address:

 City-St-Zip:
 MELBOURNE, FL 32935 US
 City-St-Zip:

Title: SD () Delete Title: SD (X) Change () Addition

Name: ERIKSEN, DONNA Name: SOLA CRUZ, MARCOS
Address: 3157 OTTAWA COURT Address: 1875 HALIFAX ST

City-St-Zip: MELBOURNE, FL 32935 US City-St-Zip: MELBOURNE, FL 32935 US

Title: VD () Delete Title: () Change () Addition

 Name:
 JENSEN, JEREMY
 Name:

 Address:
 3185 CALGARY STREET
 Address:

 City-St-Zip:
 MELBOURNE, FL 32935 US
 City-St-Zip:

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.

SIGNATURE: SHARON WEISS TD 02/04/2009