

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 21, 2003 8:00 am
Secretary of State

01-21-2003 90043 003 ****61.25

DOCUMENT # 761947

1. Entity Name

THE TERRACE CONDOMINIUM OWNERS ASSOCIATION, INC.



Principal Place of Business

**212 OAK AVENUE
ANNA MARIA FL 34216**

Mailing Address

**P.O. BOX 2218
ANNA MARIA FL 34216**

90005798



☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3100 GULF DR

3. Mailing Address

3001 GULF DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

HOLMES BEACH FL

City & State

HOLMES BEACH FL

4. FEI Number **37-1406434**

Applied For

Not Applicable

Zip

34217

Country

FLORIDA

Zip

34217

Country

FLORIDA

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

6. Name and Address of Current Registered Agent

**BARLOW, ROBERT
212 OAK AVENUE
ANNA MARIA FL 34216**

7. Name and Address of New Registered Agent

Name **ISLAND VACATION PROPERTIES, LLC**

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

3001 GULF DR

HOLMES BEACH FL

City

FL

Zip Code

34217

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

Barry Gould

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

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	<input checked="" type="checkbox"/> Delete
NAME	UNGVARSKY, JOSEPH	
STREET ADDRESS	8006 17TH AVENUE WEST	
CITY-ST-ZIP	BRADENTON FL 34209	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	UNGVARSKY, KAREN	
STREET ADDRESS	8006 17TH AVENUE WEST	
CITY-ST-ZIP	BRADENTON FL 34209	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	BARLOW, ROBERT	
STREET ADDRESS	212 OAK AVENUE	
CITY-ST-ZIP	ANNA MARIA FL 34216	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	BARLOW, MARCIA	
STREET ADDRESS	212 OAK AVENUE	
CITY-ST-ZIP	ANNA MARIA FL 34216	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PRES/DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THOMAS CARON	
STREET ADDRESS	203 26TH ST W	
CITY-ST-ZIP	BRADENTON, FL 34205	
TITLE	VICE PRES/DIR.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHN BRIGGS	
STREET ADDRESS	1606 80TH ST. NW	
CITY-ST-ZIP	BRADENTON, FL 34209	
TITLE	SEC/DIR.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KARYN FISH	
STREET ADDRESS	179 SHOREWOOD DR.	
CITY-ST-ZIP	VAL PARAIISO, IN 46385	
TITLE	DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARRY GOULD	
STREET ADDRESS	6315 GULF DR	
CITY-ST-ZIP	HOLMES BEACH, FL 34217	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify 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 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:

Barry Gould **REQUIRED**

CR2E037 (10/02)