702098

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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07/10/06--01019--017 **35.00

COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: Terrace Park Homeowners Association, Inc. (Name of Corporation)
DOCUMENT NUMBER: 762098
The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Lisa Truckenbrod (Name of Contact Person)
(Firm/Company)
802 Elizabeth Arenve
Tallulussee FL' 33303 (City/State and Zip Code)
For further information concerning this matter, please call:
Lisa Truckenbrod at (850) 878-026 (Area Code & Daytime Telephone Number)
(Area Code & Daytille Telephone Multiper)

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

August 3, 2006

Florida Department of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Subject: Terrace Park Homeowners Association, Inc.

Ref. Number: 762098

To Whom it May Concern:

I am in receipt of your letter dated July 18, 2006 in which you returned the enclosed document because it was not completed properly. I have made the requested corrections to the document and as such, am resubmitting the document for filing with the Department of State.

Please let me know if you need anything further.

The / Luck

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July 18, 2006

LISA TRUCKENBROD 802 ELIZABETH AVENUE TALLAHASSEE, FL 32303

SUBJECT: TERRACE PARK HOMEOWNERS ASSOCIATION, INC.

Ref. Number: 762098

We have received your document for TERRACE PARK HOMEOWNERS ASSOCIATION, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The current name of the entity is as referenced above. Please correct your document accordingly.

The date of incorporation must be included on the form.

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6964.

Irene Albritton Document Specialist

Letter Number: 006A00045856

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

rursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this	
tatement of change is submitted for a corporation organized under the laws of the State of Florida.	
in Grace to change as registered office of registered agent, or done, in the state of Provide.	, .
. The name of the corporation: ENACE GIVK Homeown Ers 145500 1011	m
. The principal office address: 802 Clizabeth Drive, Tallacks see	, ,
Plorida 32303	
. The mailing address (if different):	
2/2//2	
. Date of incorporation/qualification: $\frac{2/24/89}{}$ Document number: $\frac{763098}{}$	
. The name and street address of the current registered agent and registered office on file with the Florida Department of State:	
Dan Isaacs	
Ken Management Loc.	
131 Wavelly Rd 32312 E	
10/1/x/cassee. FL 323/2	7
. The name and street address of the new registered agent (if changed) and /or registered office (if changed):	E
Lisa Truckenbrod	O
802 Clizabeth Drive SE	2
(P.O. Box NOT acceptable)	
-10/10/10/055er, PL 33303	
he street address of its registered office and the street address of the business office of its registered agent, s changed will be identical.	
uch change was authorized by resolution duly adopted by its board of directors or by an officer so uthorized by the board, or the corporation has been notified in writing of the change.	
Robert Wool, Treasurer	
(Signature of an officer of director) (Printed or typed name and title)	
hereby accept the appointment as registered agent and agree to act in this capacity. further agree to comply with the provisions of all statutes relative to the proper and complete performance f my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this ocument is being filed merely to reflect a change in the registered office address, I hereby confirm that the orporation has been notified in writing of this change.	† !
Mathuckenbood 2/5/06	
(Signature of Registered Agent) (Date)	
signing on behalf of an entity:	
(Typed or Printed Name)	
· ••	

* * * FILING FEE: \$35.00 * * *

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (8/05)