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Mar 17 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N00608 (2)
 1. Corporation Name
TERRA COVE HOMEOWNERS CORPORATION NUMBER TWO, IN C.



Principal Place of Business C/O LAW OFFICE OF HARLAN R. DOMBER, P.A. 2801 FRUITVILLE RD., SUITE 150 SARASOTA FL 34237 US	Mailing Address C/O LAW OFFICE OF HARLAN R. DOMBER, P.A. 2801 FRUITVILLE RD., SUITE 150 SARASOTA FL 34237-5301 US
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3. Date Incorporated or Qualified 12/27/1983	3a. Date of Last Report 02/27/1996
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	4. FEI Number 59-2280878 Applied For <input type="checkbox"/> Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
DOMBER, HARLAN R. 2801 FRUITVILLE RD. SUITE 150 SARASOTA FL 34237		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83	
		84 City	FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input checked="" type="checkbox"/> DELETE	1.1 TITLE	C <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SWEARINGEN, JAMES	1.2 NAME	Taylor, Helen
STREET ADDRESS	29 ANNE BONNY CIR	1.3 STREET ADDRESS	21 Lafitte Dr.
CITY-ST-ZIP	NOKOMIS FL	1.4 CITY-ST-ZIP	Nokomis, Fl. 34275
TITLE	SD <input type="checkbox"/> DELETE	2.1 TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TAYLOR, HELEN	2.2 NAME	Petrucelli, Peter
STREET ADDRESS	21 LAFITTE DR	2.3 STREET ADDRESS	63 Gasparilla Ln.
CITY-ST-ZIP	NOKOMIS FL	2.4 CITY-ST-ZIP	Nokomis, Fl. 34275
TITLE	SD <input type="checkbox"/> DELETE	3.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SPANGLER, CLYDE	3.2 NAME	Spangler, Clyde
STREET ADDRESS	82 ANNE BONNY CIR	3.3 STREET ADDRESS	82 Anne Bonny Cir.
CITY-ST-ZIP	NOKOMIS FL	3.4 CITY-ST-ZIP	Nokomis, Fl. 34275
TITLE	DC <input type="checkbox"/> DELETE	4.1 TITLE	SD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PETRUCELLI, PETER	4.2 NAME	Amling, Beverly
STREET ADDRESS	63 GASPARILLA LN	4.3 STREET ADDRESS	25 Long Ben Ln.
CITY-ST-ZIP	NOKOMIS FL	4.4 CITY-ST-ZIP	Nokomis, Fl. 34275
TITLE	TD <input type="checkbox"/> DELETE	5.1 TITLE	
NAME	DELFOSS, DONALD	5.2 NAME	
STREET ADDRESS	84 ANNE BONNY CIR	5.3 STREET ADDRESS	
CITY-ST-ZIP	NOKOMIS FL	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Helen Taylor* 3-10-97 941-485-2443

CR2E037 (9/96)