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Mar 10 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		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 US
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3. Date incorporated or Qualified 12/27/1983	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
4. FEI Number 59-2280878		

2. Principal Place of Business 21 3900 Clark Road Suite, Apt. #, etc. 22 Suite L-1 City & State 23 Sarasota, FL Zip 24 34233	2a. Mailing Address 26 3900 Clark Road Suite, Apt. #, etc. 27 Suite L-1 City & State 28 Sarasota, FL Zip 29 34233 Country 30 USA
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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
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**DOMBER, HARLAN R.
2801 FRUITVILLE RD.
SUITE 150
SARASOTA FL 34237**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	3900 Clark Road
83	Suite L-1
84 City	Sarasota
85 State	FL
86 Zip Code	34233

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: *Harlan R. Domber* **HARLAN R. DOMBER** DATE: **2/8/98**

12. OFFICERS AND DIRECTORS

TITLE	C	<input type="checkbox"/> DELETE
NAME	TAYLOR, HELEN	
STREET ADDRESS	21 LAFITTE DR.	
CITY-ST-ZIP	NOKOMIS FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	PETRUCELLI, PETER	
STREET ADDRESS	63 GASPARILLA LN	
CITY-ST-ZIP	NOKOMIS FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	SPANGLER, CLYDE	
STREET ADDRESS	82 ANNE BONNY CIR	
CITY-ST-ZIP	NOKOMIS FL	
TITLE	DC	<input checked="" type="checkbox"/> DELETE
NAME	PETRUCELLI, PETER	
STREET ADDRESS	63 GASPARILLA LN	
CITY-ST-ZIP	NOKOMIS FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	DELFOSS, DONALD	
STREET ADDRESS	84 ANNE BONNY CIR	
CITY-ST-ZIP	NOKOMIS FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	AMLING, BEVERLY	
STREET ADDRESS	25 LONG BEN LN	
CITY-ST-ZIP	NOKOMIS FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	C	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Petrucelli, Peter J.	
1.3 STREET ADDRESS	63 Gasparilla Ln.	
1.4 CITY-ST-ZIP	Nokomis, Fl. 34275	
2.1 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Lake, Richard W.	
2.3 STREET ADDRESS	71 Long Ben Ln.	
2.4 CITY-ST-ZIP	Nokomis, Fl. 34275	
3.1 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Thoene, Milton, H.	
3.3 STREET ADDRESS	55 Blackbeard Ln.	
3.4 CITY-ST-ZIP	Nokomis, Fl. 34275	
4.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Taylor, Helen R.	
4.3 STREET ADDRESS	21 Lafitte Dr.	
4.4 CITY-ST-ZIP	Nokomis, Fl. 34275	
5.1 TITLE	SD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Amling, Beverly	
5.3 STREET ADDRESS	25 Long Ben Ln.	
5.4 CITY-ST-ZIP	Nokomis, Fl. 34275	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. 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 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: *Peter J. Petrucelli* **Petrucelli, Peter J.** DATE: **3-4-98** **941-488-7368**

CP25037 (10/97)