


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2007 8:00 am
Secretary of State

04-09-2007 90094 030 ****61.25

DOCUMENT # N00608

1. Entity Name
TERRA COVE HOMEOWNERS CORPORATION NUMBER TWO, INC.



40055071



Principal Place of Business
**3900 CLARK ROAD
 SUITE L-1
 SARASOTA, FL 34233 US**

Mailing Address
**3900 CLARK ROAD
 SUITE L-1
 SARASOTA, FL 34233 US**

04012007 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

4. FEI Number
59-2280878

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

DÖMBÉR, HARLAN R
3900 CLARK RD
STE L-1
SARASOTA, FL 34233

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

DATE _____

Filing Fee is \$61.25 Due by May 1, 2007

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 type="checkbox"/> Delete
NAME	PETRUCELLI, PETER	
STREET ADDRESS	63 GASPARILLO	
CITY-ST-ZIP	NOKOMIS, FL 34275	
TITLE	VD	<input type="checkbox"/> Delete
NAME	ABNER, ERNEST	
STREET ADDRESS	35 CAPTAIN KIDD	
CITY-ST-ZIP	NOKOMIS, FL 34275	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	MCCLOSKEY, JOE FLYNN, JOE	
STREET ADDRESS	2 LAFITTE	
CITY-ST-ZIP	NOKOMIS, FL 34275	
TITLE	SD	<input type="checkbox"/> Delete
NAME	AMLING, BEV	
STREET ADDRESS	78 ANNE BONNY	
CITY-ST-ZIP	NOKOMIS, FL 34275	
TITLE	TD	<input type="checkbox"/> Delete
NAME	TAYLOR, HELEN	
STREET ADDRESS	21 LAFITTE	
CITY-ST-ZIP	NOKOMIS, FL 34275	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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		
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VD	
STREET ADDRESS	FLYNN, JOE	
CITY-ST-ZIP	50 BLACK BEARD	
	NOKOMIS, FL 34275	
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 exemptions contained 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 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: *Peter J. Petrucci* **4/6/07** **941-488-9368**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

PETER J. PETRUCELLI