2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2009
Secretary of State

DOCUMENT# N00608

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

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 59-2280878 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: PETRUCELLI, PETER
Address: 63 GASPARILLO
City-St-Zip: NOKOMIS, FL 34275

Title: VD ( ) Delete
Name: ABNER, ERNEST
Address: 35 CAPTAIN KIDD
City-St-Zip: NOKOMIS, FL 34275

Title: VD ( ) Delete
Name: FLYNN, JOE
Address: 50 BLACK BEARDS
City-St-Zip: NOKOMIS, FL 34275

Title: SD ( ) Delete
Name: AMLING, BEV
Address: 78 ANNE BONNY
City-St-Zip: NOKOMIS, FL 34275

Title: TD ( ) Delete
Name: TAYLOR, HELEN
Address: 21 LAFITTE
City-St-Zip: NOKOMIS, FL 34275

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: PETRUCELLI, PETER J
Address: 63 GASPARILLA
City-St-Zip: NOKOMIS, FL 34275

Title: VD (X) Change ( ) Addition
Name: ABNER, ERNEST L
Address: 35 CAPTAIN KIDD
City-St-Zip: NOKOMIS, FL 34275

Title: VD (X) Change ( ) Addition
Name: FLYNN, JOE R
Address: 50 BLACKBEARD
City-St-Zip: NOKOMIS, FL 34275

Title: SD (X) Change ( ) Addition
Name: AMLING, BEVERLY A
Address: 78 ANNE BONNY
City-St-Zip: NOKOMIS, FL 34275

Title: TD (X) Change ( ) Addition
Name: TAYLOR, HELEN R
Address: 21 LAFITTE DRIVE
City-St-Zip: NOKOMIS, FL 34275

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ERNEST L. ABNER VD 04/11/2009

Electronic Signature of Signing Officer or Director — Date