

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 27, 2008 8:00 am
Secretary of State

03-27-2008 90037 023 ****61.25

DOCUMENT # N01000003956

1. Entity Name
TERRA LAGO HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business
**C/O BRISTOL MANAGEMENT SERVICES, INC
1930 COMMERCE LANE, SUITE 1
JUPITER, FL 33458**

Mailing Address
**C/O BRISTOL MANAGEMENT SERVICES, INC
1930 COMMERCE LANE, SUITE 1
JUPITER, FL 33458**

50002041-



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01272008

Chg-NP

CR2E037 (12/06)

City & State

City & State

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**INGLIS, STEVE
C/O BRISTOL MANAGEMENT SVCS, INC
1930 COMMERCE LANE, SUITE 1
JUPITER, FL 33458**

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, 2008**

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 checked="" type="checkbox"/> Delete
NAME	HILLMAN, SHELDON	
STREET ADDRESS	10520 TERRA LAGO DR.	
CITY-ST-ZIP	WEST PALM BEACH, FL 33412	
TITLE	VP PRESIDENT	<input checked="" type="checkbox"/> Delete
NAME	STEIN, PETER	
STREET ADDRESS	10440 TERRA LAGO DR.	
CITY-ST-ZIP	WEST PALM BEACH, FL 33412	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	BRODY, CAROL	
STREET ADDRESS	10495 TERRA LAGO DR	
CITY-ST-ZIP	WEST PALM BEACH, FL 33412	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	LANGER, JOEL	
STREET ADDRESS	10495 TERRA LAGO DR	
CITY-ST-ZIP	WEST PALM BEACH, FL 33412	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	FINKELSTEIN, LINDA	
STREET ADDRESS	10505 TERRA LAGO DR	
CITY-ST-ZIP	WEST PALM BEACH, FL 33412	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	FLASHNER, ROBERT	
STREET ADDRESS	10305 TERRA LAGO DR	
CITY-ST-ZIP	WEST PALM BEACH, FL 33412	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PRES.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PETER STEIN	
STREET ADDRESS	10440 TERRA LAGO DR.	
CITY-ST-ZIP	WPB, FL 33412	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALLAN KRONINGOLD	
STREET ADDRESS	10360 TERRA LAGO DR.	
CITY-ST-ZIP	WPB, FL 33412	
TITLE	TREAS.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CELIA MILTZ	
STREET ADDRESS	10445 TERRA LAGO DR.	
CITY-ST-ZIP	WPB, FL 33412	
TITLE	SECTY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JAY CHASKIN	
STREET ADDRESS	10330 TERRA LAGO DR.	
CITY-ST-ZIP	WPB, FL 33412	
TITLE	DIR.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBERT FLASHNER	
STREET ADDRESS	10305 TERRA LAGO DR.	
CITY-ST-ZIP	WPB, FL 33412	
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 STEIN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/14/08 561-630-5374