2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 10, 2003 8:00 am
Secretary of State
02-21-2003 90210 027 ****61.25

DOCUMENT # N02000002639

1. Entity Name
TERRA DEL SOL IMPROVEMENT ASSOCIATION, INC.

Principal Place of Business	Mailing Address
1499 SOUTH HARBOR CITY BOULEVARD SUITE 201 MELBOURNE FL 32901	1499 SOUTH HARBOR CITY BOULEVARD SUITE 201 MELBOURNE FL 32901

2. Principal Place of Business	3. Mailing Address
1901 South Harbor City Blvd.	1901 South Harbor City Blvd.
Suite, Apt. #, etc.: Suite 500	Suite, Apt. #, etc.: Suite 500
City & State: Melbourne, FL	City & State: Melbourne, FL
Zip: 32901 Country: USA	Zip: 32901 Country: USA

☑ CHECK HERE IF MAKING CHANGES

4. FEI Number ☐ Applied For ☒ Not Applicable

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

6. Name and Address of Current Registered Agent

POTTER, WILLIAM C
1499 SOUTH HARBOR CITY BOULEVARD
SUITE 201
MELBOURNE FL 32901

7. Name and Address of New Registered Agent

Name: Wi

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

FILE NOW: FEE IS $61.25

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	STD POTTER, WILLIAM C 1499 SOUTH HARBOR CITY BLVD. #201 MELBOURNE FL 32901	☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD MORGAN, STEVEN J 3303 CALLE DEL MAR MELBOURNE FL 32904	☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D FORD, CATHERINE A 3308 CALLE DEL MAR MELBOURNE FL 32904	☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E037 (10/02)

12. 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 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: SIGNATURE REQUIRED 1/2/03 (321) 223-6625
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #