

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000003523

FILED  
Sep 14, 2006  
Secretary of State

**Entity Name:** STAR TERRACE HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

3662 BREEZE WAY  
LAKE WALES, FL 33898

**New Principal Place of Business:**

**Current Mailing Address:**

POST OFFICE BOX 2427  
BARTOW, FL 338312427

**New Mailing Address:**

**FEI Number:** 01-0704711      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

LITTLE, RICHARD S  
3662 BREEZE WAY  
LAKE WALES, FL 33898      US

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: D      ( ) Delete  
Name: S. NORMAN DUNCAN,  
Address: 3662 BREEZE WAY  
City-St-Zip: LAKE WALES, FL 33898

Title: PVD      ( ) Delete  
Name: LITTLE, RICHARD S  
Address: 3662 BREEZE WAY  
City-St-Zip: LAKE WALES, FL 33898

Title: STD      ( ) Delete  
Name: TRULUCK, CONNIE  
Address: 1360 TINDELL CAMP ROAD  
City-St-Zip: LAKE WALES, FL 33898

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: S NORMAN DUNCAN

D

09/14/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date