FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB -9 AM 11:25

DOCUMENT # N02127 (1)

1. Corporation Name
TERRACE HILL HOMEOWNERS CONDOMINIUM ASSOCIATION, , INC.

Principal Place of Business	Mailing Address
900 WESTRIDGE DRIVE DEBARY FL 32713	900 WESTRIDGE DRIVE DEBARY FL 32713

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/22/1984
3a. Date of Last Report: 04/14/1994
4. FEI Number: 59-2700442 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

VANBENSCHOTEN, DORIS
414 HOMEWOOD AVENUE
DEBARY FL 32713

10. Name and Address of New Registered Agent

81 Name: Allen Kincaid
82 Street Address (P.O. Box Number is Not Acceptable): 955 Eastridge Dr.
83
84 City: DeBary FL 85 Zip Code: 32713

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE	PD	XX Change ☐ Addition
NAME	VANBENSCHOTEN, DORIS	1.2 NAME	Allen Kincaid	
STREET ADDRESS	414 HOMEWOOD AVE	1.3 STREET ADDRESS	955 Eastridge Dr.	
CITY-ST-ZIP	DEBARY FL	1.4 CITY-ST-ZIP	DeBary, FL 32713	
TITLE	TD	2.1 TITLE		☐ Change ☐ Addition
NAME	THAUER, EDWIN W	2.2 NAME		
STREET ADDRESS	935 EASTRIDGE DR	2.3 STREET ADDRESS		
CITY-ST-ZIP	DEBARY FL	2.4 CITY-ST-ZIP		
TITLE	VD	3.1 TITLE	VD	XX Change ☐ Addition
NAME	WEIGEL, FRED	3.2 NAME	Victor Lindholm	
STREET ADDRESS	205 HOMEWOOD AVE	3.3 STREET ADDRESS	325 Homewood Ave.	
CITY-ST-ZIP	DEBARY FL	3.4 CITY-ST-ZIP	DeBary, FL 32713	
TITLE	SD	4.1 TITLE	SD	XX Change ☐ Addition
NAME	ROLSTON, SARA L.	4.2 NAME	Frances Bell	
STREET ADDRESS	210 HOMEWOOD AVE.	4.3 STREET ADDRESS	320 Homewood Ave.	
CITY-ST-ZIP	DEBARY FL	4.4 CITY-ST-ZIP	DeBary, FL 32713	
TITLE	D	5.1 TITLE		☐ Change ☐ Addition
NAME	BELL, DONALD	5.2 NAME		
STREET ADDRESS	404 HOMEWOOD AVE	5.3 STREET ADDRESS		
CITY-ST-ZIP	DEBARY FL	5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Edwin W Thauer Treasurer (904) 775-0837
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — (Area Code) Phone #

Edwin W. Thauer

0030002