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FILED

Apr 09 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONSDOCUMENT # **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 32713-2109**3. Date Incorporated or Qualified
03/22/19843a. Date of Last Report
04/10/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**KINCAID, ALLEN
955 EASTRIDGE DR
DEBARY FL 32713**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD** ☐ DELETE
NAME **KINCAID, ALLEN**
STREET ADDRESS **955 EASTRIDGE DR**
CITY - ST - ZIP **DEBARY FL**1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIPTITLE **T** ☐ DELETE
NAME **ESTHER KARRAS**
STREET ADDRESS **225 HOMEWOOD AVE**
CITY - ST - ZIP **DEBARY FL**2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIPTITLE **VD** ☐ DELETE
NAME **LINDHOLM, VICTOR**
STREET ADDRESS **325 HOMEWOOD AVE**
CITY - ST - ZIP **DEBARY FL**3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIPTITLE **SD** ☒ DELETE
NAME **BELL, FRANCES**
STREET ADDRESS **320 HOMEWOOD AVE**
CITY - ST - ZIP **DEBARY FL**4.1 TITLE ☐ Change ☒ Addition
4.2 NAME **SD DORIS VANBENSCHOTEN**
4.3 STREET ADDRESS **414 HOMEWOOD AVE**
4.4 CITY - ST - ZIP **DEBARY, FL 32713**TITLE **D** ☐ DELETE
NAME **LES DAVES**
STREET ADDRESS **240 HOMEWOOD AVE**
CITY - ST - ZIP **DEBARY FL**5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIPTITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

14. I do 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 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:

ESTHER KARRAS 4/02/97 904-774-9300

CFR2037 (9/96)