

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N02127

1. Entity Name

TERRACE HILL HOMEOWNERS CONDOMINIUM ASSOCIATION,

Principal Place of Business

900 WESTRIDGE DRIVE
DEBARY FL 32713

Mailing Address

900 WESTRIDGE DRIVE
DEBARY FL 32713-2109

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2700442

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

KINCAID, ALLEN
955 EASTRIDGE DR
DEBARY FL 32713

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.

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
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD
NAME KINCAID, ALLEN
STREET ADDRESS 955 EASTRIDGE DR
CITY-ST-ZIP DEBARY FL 32713 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE T
NAME ESTHER KARRAS
STREET ADDRESS 225 HOMEWOOD AVE
CITY-ST-ZIP DEBARY FL 32713 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE V
NAME LEE, CURTIS
STREET ADDRESS 350 TERRACE HILL BLVD
CITY-ST-ZIP DEBARY FL 32713 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE S
NAME BALDWIN, JOSEPH
STREET ADDRESS 315 TERRACE HILL BLVD
CITY-ST-ZIP DEBARY FL 32713 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D
NAME SPICONARDI, THOMAS G
STREET ADDRESS 415 TERRACE HILL BLVD
CITY-ST-ZIP DEBARY FL 32713 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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:

ESTHER KARRAS
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ESTHER KARRAS

Date

Daytime Phone #

4/8/00

904-774-9300

CR2E037 (9/99)