

2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
Feb 21, 2002 8:00 am
Secretary of State

02-21-2002 90080 035 ****61.25

0065882

DOCUMENT # N02127

1. Entity 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**

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

Name

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

City

FL

Zip Code

**LEE, CURTIS D.
350 TERRACE HILL BLVD
DEBARY FL 32713**

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

CURTIS D. LEE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FEB 5, 2002**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
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
KINCAID, ALLEN
955 EASTRIDGE DR
DEBARY FL 32713** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
LEE, CURTIS D.
350 TERRACE HILL BLVD.
DEBARY, FL. 32713** ☒ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
ESTHER KARRAS
225 HOMEWOOD AVE
DEBARY FL 32713** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V
LEE, CURTIS
350 TERRACE HILL BLVD
DEBARY FL 32713** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V
KINCAID, ALLEN
955 E. ASTRIDGE DR.
DEBARY, FL 32713** ☒ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
BALDWIN, JOSEPH
315 TERRACE HILL BLVD
DEBARY FL 32713** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
SPICONARDI, THOMAS G
415 TERRACE HILL BLVD
DEBARY FL 32713** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DeleteTITLE
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 or powers.

SIGNATURE:

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FEB 5, 2002

Date

Daytime Phone #

CR2E037 (9/01)