

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 18, 2004 8:00 am
Secretary of State

02-18-2004 90007 009 ****61.25

DOCUMENT # N02127			
1. Entity Name TERRACE HILL HOMEOWNERS CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business 900 WESTRIDGE DRIVE DEBARY FL 32713		Mailing Address 900 WESTRIDGE DRIVE DEBARY FL 32713	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

54008046



MOORE CR2E037 (11/03)

4. FEI Number 59-2700442		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent ABELES, HOWARD R 325 HOMEWOOD AVE. DEBARY FL 32713		7. Name and Address of New Registered Agent Name MIKE J. RILEY Street Address (P.O. Box Number is Not Acceptable) 245 TERRACE HILL BLVD. DEBARY, FL 32713 City FL Zip Code 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Mike J. Reilly, Pres* DATE *1/24/04*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25 Due By May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V KINCAID, ALLEN 955 EASTRIDGE DR DEBARY FL 32713 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SIM O'LEARY 320 TERRACE HILL BLVD. DEBARY, FL 32713 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ESTHER KARRAS 225 HOMEWOOD AVE DEBARY FL 32713 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ABELES, HOWARD R 325 HOMEWOOD AVE. DEBARY FL 32713 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MIKE J. REILLY 245 TERRACE HILL BLVD. DEBARY, FL 32713 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BLAZYNISKI, BETTY 355 TERRACE HILL BLVD. DEBARY FL 32713 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T EVELYN PHILLIPS 434 HOMEWOOD AVE DEBARY, FL 32713 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SPICONARDI, THOMAS G 415 TERRACE HILL BLVD DEBARY FL 32713 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ED YOUNG 970 WESTRIDGE DR. DEBARY, FL 32713 ☐ 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, Secretary* DATE *1/23/04* 386-
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 774-9300