

2005

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 JAN 25 AM 9:03

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

11152004

Chg-NP

CR2E037 (10/03)

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

RILEY, MIKE-J
245 TERRACE HILL BLVD.
DEBARY, FL 32713

7. Name and Address of New Registered Agent

Name EDWARD L. YOUNG
Street Address (P.O. Box Number is Not Acceptable)
970 WESTRIDGE DRIVE
City DEBARY 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.

EDWARD L. YOUNG

SIGNATURE

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

PRESIDENT

(NOTE: Registered Agent signature required when reinstating)

JAN. 6, 2005
DATE

Amended AR is \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE V ☒ Delete
NAME O'LEARY, JIM
STREET ADDRESS 320 TERRACE HILL BLVD.
CITY-ST-ZIP DEBARY, FL 32713

TITLE SD ☒ Delete
NAME ESTHER KARRAS
STREET ADDRESS 225 HOMEWOOD AVE
CITY-ST-ZIP DEBARY, FL 32713

TITLE PD ☒ Delete
NAME REILLY, MIKE
STREET ADDRESS 245 TERRACE HILL BLVD.
CITY-ST-ZIP DEBARY, FL 32713

TITLE T ☒ Delete
NAME PHILLIPS, EVELYN
STREET ADDRESS 434 HOMEWOOD AVE.
CITY-ST-ZIP DEBARY, FL 32713

TITLE D ☒ Delete
NAME YOUNG, ED
STREET ADDRESS 970 WESTRIDGE DR.
CITY-ST-ZIP DEBARY, FL 32713

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE P ☒ Change ☐ Addition
NAME EDWARD L. YOUNG
STREET ADDRESS 970 WESTRIDGE DRIVE
CITY-ST-ZIP DEBARY, FL 32713

TITLE V ☐ Change ☒ Addition
NAME THOMAS G. SPICONARDI
STREET ADDRESS 415 TERRACE HILL BLVD.
CITY-ST-ZIP DEBARY, FL 32713

TITLE S ☒ Change ☐ Addition
NAME ESTHER KARRAS
STREET ADDRESS 225 HOMEWOOD AVE.
CITY-ST-ZIP DEBARY, FL 32713

TITLE T ☒ Change ☐ Addition
NAME EVELYN PHILLIPS-LUND
STREET ADDRESS 434 HOMEWOOD AVE.
CITY-ST-ZIP DEBARY, FL 32713

TITLE D ☐ Change ☒ Addition
NAME FRED GOODMAN
STREET ADDRESS 245 HOMEWOOD AVE.
CITY-ST-ZIP DEBARY, FL 32713

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

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 #

1-1-05

386-851-0059