# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Jul 12, 2006 8:00 am**
**Secretary of State**
07-12-2006 90008 018 ****61.25

DOCUMENT # N02127

1. Entity Name
TERRACE HILL HOMEOWNERS CONDOMINIUM ASSOCIATION,, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 900 WESTRIDGE DRIVE<br>DEBARY, FL 32713 | 900 WESTRIDGE DRIVE<br>DEBARY, FL 32713 |

07072006 Chg-NP CR2E037 (4/06)

| 2. Principal Place of Business | | 3. Mailing Address | |
|---|---|---|---|
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |

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**

YOUNG, EDWARD L
970 WESTRIDGE DRIVE
DEBARY, FL 32713

**7. Name and Address of New Registered Agent**

Name: MARY T. KINCAID
Street Address (P.O. Box Number is Not Acceptable): 955 EASTRIDGE DRIVE
City: DEBARY, FL **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: Mary T Kincaid President July 9, 2006
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is $61.25**
**Due by September 6, 2006**

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 | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | P<br>YOUNG, EDWARD L<br>970 WESTRIDGE DRIVE<br>DEBARY, FL 32713 | ☒ Delete | P<br>MARY T. KINCAID<br>955 EASTRIDGE DRIVE<br>DEBARY, FL 32713 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | V<br>SPICONARDI, THOMAS G<br>415 TERRACE HILL BLVD<br>DEBARY, FL 32713 | ☒ Delete | V<br>FRED GOODMAN<br>245 HOMEWOOD AVENUE<br>DEBARY, FL 32713 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | S<br>KARRAS, ESTHER<br>225 HOMEWOOD AVENUE<br>DEBARY, FL 32713 | ☐ Delete | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | T<br>PHILLIPS-LUND, EVELYN<br>434 HOMEWOOD AVENUE<br>DEBARY, FL 32713 | ☒ Delete | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>GOODMAN, FRED<br>245 HOMEWOOD AVENUE<br>DEBARY, FL 32713 | ☒ Delete | D<br>KATHERINE M. HOPKINS<br>930 WESTRIDGE DRIVE<br>DEBARY, FL 32713 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | | ☐ Change ☐ Addition |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 July 9, 2006 386-774-9300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #