2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2007
Secretary of State

DOCUMENT# N02127

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

Current Principal Place of Business:

900 WESTRIDGE DRIVE
DEBARY, FL 32713

New Principal Place of Business:

Current Mailing Address:

900 WESTRIDGE DRIVE
DEBARY, FL 32713

New Mailing Address:

FEI Number: 59-2700442 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

KINCAID, MARY T
955 EASTRIDGE DR
DEBARY, FL 32713 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: KINCAID, MARY T
Address: 955 EASTRIDGE DRIVE
City-St-Zip: DEBARY, FL 32713

Title: V ( ) Delete
Name: GOODMAN, FRED
Address: 245 HOMEWOOD AVE
City-St-Zip: DEBARY, FL 32713

Title: S ( ) Delete
Name: KARRAS, ESTHER
Address: 225 HOMEWOOD AVENUE
City-St-Zip: DEBARY, FL 32713

Title: D ( ) Delete
Name: HOPKINS, KATHERINE M
Address: 930 WESTRIDGE DRIVE
City-St-Zip: DEBARY, FL 32713

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: V (X) Change ( ) Addition
Name: KARRAS, ESTHER
Address: 225 HOMEWOOD AVE
City-St-Zip: DEBARY, FL 32713

Title: T (X) Change ( ) Addition
Name: KARRAS, ESTHER
Address: 225 HOMEWOOD AVENUE
City-St-Zip: DEBARY, FL 32713

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: S ( ) Change (X) Addition
Name: ABRAMS, JUDY
Address: 325 HOMEWOOD AVE
City-St-Zip: DEBARY, FL 32713

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARY T. KINCAID P 05/03/2007

Electronic Signature of Signing Officer or Director — Date