

**2011 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT****FILED**  
**Jun 20, 2011**  
**Secretary of State**

DOCUMENT# N02127

**Entity Name:** TERRACE HILL HOMEOWNERS CONDOMINIUM ASSOCIATION,, INC.**Current Principal Place of Business:**900 WESTRIDGE DRIVE  
DEBARY, FL 32713 US**New Principal Place of Business:****Current Mailing Address:**900 WESTRIDGE DRIVE  
DEBARY, FL 32713 US**New Mailing Address:****FEI Number:** 59-2700442**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**YOUNG, DEBRA A  
900 WESTRIDGE DRIVE  
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: PRES  
Name: GALLIMORE, DORIS P  
Address: 900 WESTRIDGE DRIVE  
City-St-Zip: DEBARY, FL 32713

Title: VP  
Name: WEST, OTTO W  
Address: 900 WESTRIDGE DRIVE  
City-St-Zip: DEBARY, FL 32713

Title: TREA  
Name: TAKACS, MARIANNE  
Address: 900 WESTRIDGE DRIVE  
City-St-Zip: DEBARY, FL 32713

Title: SECR  
Name: DONALDSON, LYNN  
Address: 900 WESTRIDGE DRIVE  
City-St-Zip: DEBARY, FL 32713

Title: AS/D  
Name: KARRAS, ESTHER  
Address: 900 WESTRIDGE DRIVE  
City-St-Zip: DEBARY, FL 32713

I hereby 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 all other like empowered.

SIGNATURE: DORIS GALLIMORE

PRES

06/20/2011

Electronic Signature of Signing Officer or Director

Date