

FILED
Feb 18, 2003 8:00 am
Secretary of State

02-03-2003 90065 025 ****61.25

2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N02127

1. Entity Name

TERRACE HILL HOMEOWNERS CONDOMINIUM ASSOCIATION,
INC.



Principal Place of Business

Mailing Address

900 WESTRIDGE DRIVE
DEBARY FL 32713

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

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

LEF, CURTIS D
350 TERRACE HILL BLVD
DEBARY FL 32713

7. Name and Address of New Registered Agent

Name: Howard R. Abeles

Street Address (P.O. Box Number is Not Acceptable)

325 Homewood Ave

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.

SIGNATURE

Howard R. Abeles, President

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

(NOTE: Registered Agent signature required when reinstating)

1/30/03

DATE

FILE NOW: FEE 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 KINCAID, ALLEN
STREET ADDRESS 955 EASTRIDGE DR
CITY-ST-ZIP DEBARY FL 32713

TITLE T ☐ Delete

NAME ESTHER KARRAS
STREET ADDRESS 225 HOMEWOOD AVE
CITY-ST-ZIP DEBARY FL 32713

TITLE PD ☒ Delete

NAME LEE, CURTIS
STREET ADDRESS 350 TERRACE HILL BLVD
CITY-ST-ZIP DEBARY FL 32713

TITLE S ☒ Delete

NAME BALDWIN, JOSEPH
STREET ADDRESS 315 TERRACE HILL BLVD
CITY-ST-ZIP DEBARY FL 32713

TITLE D ☐ Delete

NAME SPICONARDI, THOMAS G
STREET ADDRESS 415 TERRACE HILL BLVD
CITY-ST-ZIP DEBARY FL 32713

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE PD ☒ Change ☐ Addition

NAME Howard R. Abeles
STREET ADDRESS 325 Homewood Ave
CITY-ST-ZIP DEBARY FL 32713

TITLE SD ☒ Change ☐ Addition

NAME Betty Blazynski
STREET ADDRESS 355 Terrace Hill Blvd
CITY-ST-ZIP DeBary FL 32713

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/30/03 386-774-9300

Date

Daytime Phone #

CR2E037 (10/02)