


**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 10, 2006 8:00 am**  
**Secretary of State**

04-24-2006 90378 008 \*\*\*\*61.25

<b>DOCUMENT # N02226</b> 1. Entity Name CAROLINA TERRACE CONDOMINIUM ASSOCIATION, INC.	
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Principal Place of Business 1815 MICCOSUKEE COMMONS DR. STE. 104 TALLAHASSEE, FL 32308	Mailing Address P.O. BOX 14019 TALLAHASSEE, FL 32317
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**DO NOT WRITE IN THIS SPACE**

01052006 No Chg-NP CR2E037 (11/05)

4. FEI Number 59-2948253	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent  
~~LEGAL TRACY~~ TAMMY DAUGHTRY  
1815 MICCOSUKEE COMMONS DR.  
STE. 104  
TALLAHASSEE, FL 32308

**DO NOT WRITE  
IN THIS SPACE**

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: Tammy Daughtry 3-15-06  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when relinquishing) DATE

Filing Fee is \$61.25 Due by May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>OFF</del> VPD HOLLEY, JOHN 2617 HUSSON AVE PALATKA, FL 32177
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>PD</del> PD POOLE, HARRISON 828-3 CAROLINA ST. TALLAHASSEE, FL 32304
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>VPD</del> FLOYD, FAGLIE 828-6 W. CAROLINA ST TALLAHASSEE, FL 32304
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD Tillotson, John 9035 Winged Foot Drive Tallahassee, FL 32312
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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: John Tillotson 4/4/06  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #