

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 08, 2007 8:00 am
Secretary of State

08-08-2007 90068 016 ****61.25

DOCUMENT # N02226 1. Entity Name CAROLINA TERRACE CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 1815 MICCOSUKEE COMMONS DR. STE. 104 TALLAHASSEE, FL 32308			Mailing Address P.O. BOX 14019 TALLAHASSEE, FL 32317		
2. Principal Place of Business - No P.O. Box # 3968 N. Monroe St.		3. Mailing Address P.O. Box 180657			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Tallahassee FL		City & State Tallahassee FL		4. FEI Number 59-2948253	
Zip 32303		Country USA		Applied For <input type="checkbox"/> Not Applicable	
Zip 32318		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DAUGHTRAY, TAMMY 1815 MICCOSUKEE COMMONS DR. STE. 104 TALLAHASSEE, FL 32308			7. Name and Address of New Registered Agent Name LeAnn Sbordone Street Address (P.O. Box Number is Not Acceptable) Homeowners Association Services 3968 N. Monroe St. City Tallahassee FL Zip Code 32303		
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 <u><i>LeAnn Sbordone</i></u> LeAnn Sbordone Manager 8-1-07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-stating) DATE</small>					
Filing Fee is \$61.25 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	VPD HOLLEY, JOHN <input type="checkbox"/> Delete 2617 HUSSON AVE PALATKA, FL 32177		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD POOLE, HARRISON <input type="checkbox"/> Delete 828-3 CAROLINA ST. TALLAHASSEE, FL 32304		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD FLOYD, FAGLIE <input checked="" type="checkbox"/> Delete 828-6 W. CAROLINA ST TALLAHASSEE, FL 32304		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Michael Candiotti <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 812 W. Carolina St, #1 Tallahassee, FL 32304	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD TILLOTSON, JOHN <input type="checkbox"/> Delete 9035 WINGER FORT DRIVE TALLAHASSEE, FL 32312		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <u><i>LeAnn Sbordone</i></u> LeAnn Sbordone Manager 8-1-07 850-562-8708 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					