


FILED  
Apr 17, 2006 8:00 am  
Secretary of State

03-15-2006 90102 030 \*\*\*\*61.25

2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT

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|--|---|---|
| <b>DOCUMENT # N04196</b>   |   |                                |
| 1. Entity Name<br>TERRA PLACE HOMEOWNER'S ASSOCIATION, INC.  |   |   |
| Principal Place of Business<br>711 TERRA PL.<br>MAITLAND, FL 32751   |   | Mailing Address<br>711 TERRA PL.<br>MAITLAND, FL 32751  |
| <b>DO NOT WRITE IN THIS SPACE</b>  |   |   |
| 5. Certificate of Status Desired <input type="checkbox"/>  |   | CR2E037 (11/05)<br>\$8.75 Additional Fee Required   |
| 4. FEI Number<br>59-2998931  |   | Applied For<br>Not Applicable   |
| 6. Name and Address of Current Registered Agent<br><br>OMALLEY, PATRICK J<br>711 TERRA PL.<br>MAITLAND, FL 32851   |   | <b>DO NOT WRITE<br/>IN THIS SPACE</b>   |
| 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.<br>SIGNATURE: <u>P. J. O'Malley</u> <u>3/1/06</u><br><small>(NOTE: Registered Agent signature required when re-registering)</small>  |   |   |
| Filing Fee is \$61.25<br>Due by May 1, 2006  |   | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
| 10. OFFICERS AND DIRECTORS   |   |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP   | PD<br>WHITEHILL, DAVID<br>780 QUINWOOD LANE<br>MAITLAND, FL |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP   | TD<br>O'MALLEY, PATRICK<br>711 TERRA PLACE<br>MAITLAND, FL  |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP   | SD<br>PICKAR, ROGER<br>718 TERRA PL<br>MAITLAND, FL         |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP   | <b>DO NOT WRITE<br/>IN THIS SPACE</b>                       |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP   |   |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP   |   |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP   |   |   |
| 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>Patrick J. O'Malley</u><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>   |   | <u>3/1/06</u> <u>407 2365102</u><br><small>Date Daytime Phone</small>   |