

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 31, 2008 8:00 am**  
**Secretary of State**

03-31-2008 90005 038 \*\*\*\*61.25

<b>DOCUMENT # N05000000815</b>			
<b>1. Entity Name</b> TERRANOVA PHASE V HOMEOWNERS ASSOCIATION, INC.			
<b>Principal Place of Business</b> 3361 W. VINE STREET, SUITE 208 KISSIMMEE, FL 34741		<b>Mailing Address</b> 3361 W. VINE STREET, SUITE 208 KISSIMMEE, FL 34741	
<b>2. Principal Place of Business - No P.O. Box #</b> 102 Park Place Blvd		<b>3. Mailing Address</b> 102 Park Place Blvd	
Suite, Apt. #, etc. Suite D-2		Suite, Apt. #, etc. Suite D-2	
City & State Kissimmee, FL		City & State Kissimmee, FL	
Zip 34741		Zip 34741	
Country Osceola		Country Osceola	
<b>4. FEI Number</b> 20-2896445		Applied For <input type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>			
<b>6. Name and Address of Current Registered Agent</b> FLORIDA ASSOCIATION MANAGEMENT, INC. 3361 W. VINE STREET, SUITE 208 KISSIMMEE, FL 34741		<b>7. Name and Address of New Registered Agent</b> Name: Florida Association Management Street Address (P.O. Box Number is Not Acceptable): 102 Park Place Blvd, Ste D-2 City: Kissimmee FL Zip Code: 34741	
<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.</b>			
SIGNATURE: <i>[Signature]</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small>		DATE: 2/22/08 <small>(NOTE: Registered Agent signature required when reinstating)</small>	
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		<b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
Make check payable to <b>Florida Department of State</b>			
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE: D NAME: LADERER, EDWARD H JR. STREET ADDRESS: 1925 E. EDGEWOOD DR., STE. 100 CITY-ST-ZIP: LAKELAND, FL 33803	<input checked="" type="checkbox"/> Delete	TITLE: P NAME: Pelzer Vivian STREET ADDRESS: 734 Terranova Ave CITY-ST-ZIP: Winter Haven, FL 33884	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: D NAME: MASTERS, GREGORY A STREET ADDRESS: 1925 E. EDGEWOOD DR., STE. 100 CITY-ST-ZIP: LAKELAND, FL 33803	<input checked="" type="checkbox"/> Delete	TITLE: VP NAME: Neely, DO STREET ADDRESS: 808 Terranova Ave CITY-ST-ZIP: Winter Haven, FL 33884	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: D NAME: MARKHAM, LUKE STREET ADDRESS: 1925 E. EDGEWOOD DR., STE. 100 CITY-ST-ZIP: LAKELAND, FL 33803	<input checked="" type="checkbox"/> Delete	TITLE: ST NAME: Stafford, David STREET ADDRESS: 807 Terranova Ave CITY-ST-ZIP: Winter Haven, FL 33884	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input checked="" 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
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
<b>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.</b>			
SIGNATURE: <i>[Signature]</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		DATE: 3/20/08 <small>Daytime Phone #</small>	

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