


**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 21, 2008 8:00 am
Secretary of State


03-21-2008 90021 050 ****61.25

DOCUMENT # N05000012073 1. Entity Name TERRACE COURT OWNER'S ASSOCIATION, INC.	
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Principal Place of Business 16630 N. DALE MABRY HWY. TAMPA, FL 33618-1400	Mailing Address 16630 N. DALE MABRY HWY. TAMPA, FL 33618-1400
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DO NOT WRITE IN THIS SPACE

40043102



01082008 No Chg-NP CR2E037 (4/06)

4. FEI Number 65-1277982	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

WESTFALL, JOHN
16630 N. DALE MABRY HWY.
TAMPA, FL 33618-1400

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2008	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	DPST WESTFALL, JOHN 16630 N. DALE MABRY HWY. TAMPA, FL 336181400
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WESTFALL, CAROL A 16630 N. DALE MABRY HWY. TAMPA, FL 336181400
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MYERS, STEVEN 13623 NORTH FLORIDA AVE. TAMPA, FL 33613
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: Carol A. Westfall, Director 2/18/08 762-6544
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
CAROL A. WESTFALL