


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N06000000423	
1. Entity Name TERRACE HOLLOW COURT CONDOMINIUMS ASSOCIATION, INC.	

FILED

2007 APR 30 AM 11:37

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business 2013 ALAMEDA PADRE SERRA SANTA BARBARA, CA 93103	Mailing Address 2013 ALAMEDA PADRE SERRA SANTA BARBARA, CA 93103
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2. Principal Place of Business - No P.O. Box # 644 Capital Circle NE	3. Mailing Address PO Box 13089
Suite, Apt. #, etc.	Suite Apt. #, etc.

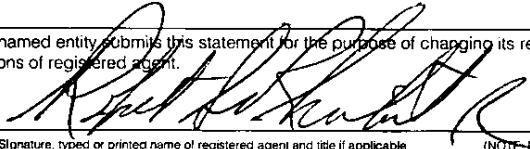
04112007 Chg-NP CR2E037 (12/06)

City & State Tallahassee FL	City & State Tallahassee FL
Zip 32301	Country US
Zip 32301	Country US

4. FEI Number	Applied For Not Applicable
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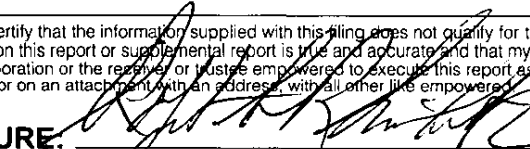
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent MOODY, LISA 2404 SAHLLLEY DR TALLAHASSEE, FL 32309	7. Name and Address of New Registered Agent Name Robert S. Rhinehart, CAM Street Address (P.O. Box Number is Not Acceptable) Executive Management Services Inc 644 Capital Circle NE City Tallahassee FL Zip Code 32301
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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  Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)	DATE 4/11/07
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Filing Fee is \$61.25 Due by May 1, 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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP HOFFMAN, NORMAN P 2013 ALAMEDA PADRE SERRA SANTA BARBARA, CA 93103 <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	DV BROWNIE, FRANK S 2013 ALAMEDA PADRE SERRA SANTA BARBARA, CA 93103 <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	DST MOODY, LISA 2404 SHALLEY DR TALLAHASSEE, FL 32309 <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
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  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	DATE 4/11/07	DAYTIME PHONE #
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5/1/07