


FILED
May 21, 2007 8:00 am
Secretary of State

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04-27-2007 90213 045 ****61.25

**2007 NOT-FOR-PROFIT CORPORATION
 ANNUAL REPORT**

| | | |
|--|--|---|
| DOCUMENT # N06000008226 1. Entity Name TERRA VISTA CONDOMINIUM ASSOCIATION, INC. | |  |
| Principal Place of Business 2907 BAY TO BAY BLVD STE 301 TAMPA, FL 33629 | | Mailing Address 2907 BAY TO BAY BLVD STE 301 TAMPA, FL 33629 |
| 2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. | 3. Mailing Address Suite, Apt. #, etc. | |
| City & State | | City & State |
| Zip | Country | Zip |
| 4. FEI Number 20-5354192 | | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required |
| 6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code |
| 8. The above named entry 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 _____ <small>Signature typed or printed name of registered agent and title if applicable</small> | | |
| 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 | | |
| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 |
| TITLE NAME STREET ADDRESS CITY- ST- ZIP | PD CAMPBELL, JOHN 2907 BAY TO BAY BLVD STE 301 TAMPA, FL 33629 | <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY- ST- ZIP | VD ATKINS, MARIA 2907 BAY TO BAY BLVD STE 301 TAMPA, FL 33629 | <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY- ST- ZIP | STD CZARNIK, RON 2907 BAY TO BAY BLVD STE 301 TAMPA, FL 33629 | <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY- ST- ZIP | <input type="checkbox"/> Delete | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY- ST- ZIP | <input type="checkbox"/> Delete | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY- ST- ZIP | <input type="checkbox"/> Delete | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY- ST- ZIP | PID RICHARD JOUBREY 2907 BAY TO BAY BLVD # 301 TAMPA FL 33629 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY- ST- ZIP | VPID STEVE BENSON 1310 WESTLINKS TERR #4 FT MYERS FL 33913 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY- ST- ZIP | S/ID LINDSAY BENGO 2907 BAY TO BAY BLVD #301 TAMPA FL 33629 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY- ST- ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY- ST- ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | <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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | Date _____ Daytime Phone # _____ |

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