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May 17, 1999 8:00 am
Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # N06071 (7) ✓ 1. Corporation Name 198 TERRACE HOMEOWNERS ASSOCIATION, INC.		



Principal Place of Business GISELA SALAS	Mailing Address GISELA SALAS
21. Principal Place of Business 4839 SW 148 Ave	2a. Mailing Address 4839 SW 148 Ave
22. Suite, Apt. #, etc. 410	27. Suite, Apt. #, etc. 410
23. City & State Ft. Lauderdale	28. City & State Ft. Lauderdale
24. Zip 33330	29. Zip 33330
25. Country USA	30. Country USA

3. Date Incorporated or Qualified 11/08/1984		
4. FEI Number NOT APPLICABLE	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

9. Name and Address of Current Registered Agent HARTMANN, ROBERT J 5441 SW 198 TER. FORT LAUDERDALE FL 33332	
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10. Name and Address of New Registered Agent	
81 Name GISELA SALAS	82 Street Address (P.O. Box Number is Not Acceptable) 4839 SW 148 Avenue
83 Suite # 410	84 City Ft. Lauderdale
85 State FL	86 Zip Code 33330

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE *Gisela Salas* Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE **4/26/99**

12. OFFICERS AND DIRECTORS	
TITLE PD	<input type="checkbox"/> DELETE
NAME SALAS, GISELA	
STREET ADDRESS 5300 SW 198TH TERRACE	
CITY-ST-ZIP FORT LAUDERDALE FL 33332	
TITLE SD	<input type="checkbox"/> DELETE
NAME LUCK, MARILYN	
STREET ADDRESS 4921 SW 198TH TERRACE	
CITY-ST-ZIP FORT LAUDERDALE FL 33332	
TITLE TD	<input checked="" type="checkbox"/> DELETE
NAME FUNK, MARCIA	
STREET ADDRESS 5100 SW 198TH TERRACE	
CITY-ST-ZIP FORT LAUDERDALE FL 33332	
TITLE D	<input type="checkbox"/> DELETE
NAME CHWODHURY, TAUFLQUL	
STREET ADDRESS 4928 SOUTHWEST 198 TERRACE	
CITY-ST-ZIP FORT LAUDERDALE FL 33332	
TITLE D	<input type="checkbox"/> DELETE
NAME ALESHIRE, CHARLES	
STREET ADDRESS 4930 SOUTHWEST 198TH TERRACE	
CITY-ST-ZIP FORT LAUDERDALE FL 33332	
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME QUINTANA, MARLENE	
1.3 STREET ADDRESS 4810 SW 198 TERRACE	
1.4 CITY-ST-ZIP FORT LAUDERDALE, FL 33332	
2.1 TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME VELLA, ANTHONY	
2.3 STREET ADDRESS 4808 SW 118 Terrace	
2.4 CITY-ST-ZIP FORT LAUDERDALE, FL 33330	
3.1 TITLE TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME HENNESSY, FRAN	
3.3 STREET ADDRESS 5350 SW 198 TERRACE	
3.4 CITY-ST-ZIP FORT LAUDERDALE, FL 33332	
4.1 TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME HENNESSY, JOHN	
4.3 STREET ADDRESS 5350 SW 198 TERRACE	
4.4 CITY-ST-ZIP FORT LAUDERDALE, FL 33332	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Gisela Salas* **GISELA SALAS** **4/26/99** **(305) 375-3194**
 Signature and typed or printed name of signing officer or director Date Daytime Phone # 0037893

CR2E037 (10/97)