

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 04, 2000 8:00 am
Secretary of State

05-04-2000 90159 038 ****61.25

DOCUMENT # N06071

1. Entity Name
198 TERRACE HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business 4839 SW 148 AVE 410 FORT LAUDERDALE FL 33330 US	Mailing Address 4839 SW 148 AVE 410 FORT LAUDERDALE FL 33330 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	3. Mailing Address Suite, Apt. #, etc. City & State Zip
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4. FEI Number NOT APPLICABLE	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
**SALAS, GISELA
 4839 SW 148 AVE
 FORT LAUDERDALE FL 33330**

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 entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

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

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HARTMANN, ROBERT 5441 SW 198TH TERRACE FORT LAUDERDALE FL 33332 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LUCK, MARILYN 4921 SW 198TH TERRACE FORT LAUDERDALE FL 33332 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HENNESY, FRAN 5350 SW 198 TERRACE FORT LAUDERDALE FL 33332 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHWODHURY, TAUFLOUL 4928 SOUTHWEST 198 TERRACE FORT LAUDERDALE FL 33332 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALESHIRE, CHARLES 4930 SOUTHWEST 198TH TERRACE FORT LAUDERDALE FL 33332 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SALAS, GISELA & RALPH 5300 SOUTHWEST 198 TERRACE FORT LAUDERDALE FL 33332 <input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D QUINTANA, MARLENE 4810 SW 198TH TERRACE FT. LAUDERDALE, FL 33332 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VELLA, ANTHONY 5954 SW 112 Terr. Cooper City, FL 33330 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D THOMPSON, CARMEN 5900 SW 198 TERRACE FT. LAUDERDALE, FL 33332 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SALAS, GISELA 4839 SW 148 AVE #410 FT. LAUDERDALE, FL 33330 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 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: GISELA SALAS, President **SIGNATURE REQUIRED** 305-375-3194

CR2E037 (9/99)