

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 07, 2002 8:00 am**  
**Secretary of State**

03-07-2002 90231 008 \*\*\*\*61.25

**DOCUMENT # N06071**

1. Entity Name

**198 TERRACE HOMEOWNERS ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

5350 SW 198 TERRACE  
 SOUTHWEST RANCHES FL 33332  
 US

5350 SW 198 TERRACE  
 SOUTHWEST RANCHES FL 33332  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**NOT APPLICABLE**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HENNESSY, FRANCINE**  
**5350 SW 198 TERRACE**  
**SOUTHWEST RANCHES FL 33332**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

|                |                                   |                                            |
|----------------|-----------------------------------|--------------------------------------------|
| TITLE          | <b>D</b>                          | <input type="checkbox"/> Delete            |
| NAME           | <b>HENNESSY, JOHN</b>             |                                            |
| STREET ADDRESS | <b>5350 SW 198 TERRACE</b>        |                                            |
| CITY-ST-ZIP    | <b>SOUTHWEST RANCHES FL 33332</b> |                                            |
| TITLE          | <b>D</b>                          | <input type="checkbox"/> Delete            |
| NAME           | <b>LUCK, MARILYN</b>              |                                            |
| STREET ADDRESS | <b>4921 SW 198TH TERRACE</b>      |                                            |
| CITY-ST-ZIP    | <b>FORT LAUDERDALE FL 33332</b>   |                                            |
| TITLE          | <b>PD</b>                         | <input type="checkbox"/> Delete            |
| NAME           | <b>HENNESSY, FRANCINE</b>         |                                            |
| STREET ADDRESS | <b>5350 SW 198 TERRACE</b>        |                                            |
| CITY-ST-ZIP    | <b>FORT LAUDERDALE FL 33332</b>   |                                            |
| TITLE          | <b>D</b>                          | <input type="checkbox"/> Delete            |
| NAME           | <b>THOMPSON, CARMEN</b>           |                                            |
| STREET ADDRESS | <b>5900 SW 198 TERRACE</b>        |                                            |
| CITY-ST-ZIP    | <b>SOUTHWEST RANCHES FL 33332</b> |                                            |
| TITLE          | <b>D</b>                          | <input checked="" type="checkbox"/> Delete |
| NAME           | <b>HARTMANN, ROBERT</b>           |                                            |
| STREET ADDRESS | <b>5441 SW 198TH TERRACE</b>      |                                            |
| CITY-ST-ZIP    | <b>SOUTHWEST RANCHES FL 33332</b> |                                            |
| TITLE          | <b>D</b>                          | <input type="checkbox"/> Delete            |
| NAME           | <b>SALAS, RALPH</b>               |                                            |
| STREET ADDRESS | <b>5300 SW 198 TERRACE</b>        |                                            |
| CITY-ST-ZIP    | <b>SOUTHWEST RANCHES FL 33332</b> |                                            |

|                |                                    |                                                                              |
|----------------|------------------------------------|------------------------------------------------------------------------------|
| TITLE          |                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                                    |                                                                              |
| STREET ADDRESS |                                    |                                                                              |
| CITY-ST-ZIP    |                                    |                                                                              |
| TITLE          |                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                                    |                                                                              |
| STREET ADDRESS |                                    |                                                                              |
| CITY-ST-ZIP    |                                    |                                                                              |
| TITLE          | <b>TD</b>                          | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | <b>THOMPSON, CARMEN</b>            |                                                                              |
| STREET ADDRESS | <b>5900 SW 198 TERRACE</b>         |                                                                              |
| CITY-ST-ZIP    | <b>SOUTHWEST RANCHES, FL 33332</b> |                                                                              |
| TITLE          | <b>SD</b>                          | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | <b>NORA MAUZY</b>                  |                                                                              |
| STREET ADDRESS | <b>5210 SW 198 TERRACE</b>         |                                                                              |
| CITY-ST-ZIP    | <b>SOUTHWEST RANCHES, FL 33332</b> |                                                                              |
| TITLE          |                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                                    |                                                                              |
| STREET ADDRESS |                                    |                                                                              |
| CITY-ST-ZIP    |                                    |                                                                              |

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: Francine Hennessy  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/19/02 954-434-9026  
Date Daytime Phone #

CR2E037 (9/01)