

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06071

FILED
Jan 30, 2008
Secretary of State

Entity Name: 198 TERRACE HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

4930 SW 198 TERRACE
SOUTHWEST RANCHES, FL 33332 US

New Principal Place of Business:

Current Mailing Address:

4930 SW 198 TERRACE
SOUTHWEST RANCHES, FL 33332 US

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ALESHIRE, CHARLES
4930 SW 198 TERR
SOUTHWEST RANCHES, FL 33332 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: HENNESSY, JOHN
Address: 5350 SW 198 TERRACE
City-St-Zip: SOUTHWEST RANCHES, FL 33332 US

Title: D () Delete
Name: LUCK, MARILYN
Address: 4921 SW 198TH TERRACE
City-St-Zip: FORT LAUDERDALE, FL 33332

Title: P () Delete
Name: ALESHIRE, CHARLIE P
Address: 4930 S.W. 198 TERRACE
City-St-Zip: SOUTHWEST RANCHES, FL 33332

Title: D () Delete
Name: THOMPSON, CARMEN
Address: 5900 SW 198 TERRACE
City-St-Zip: SOUTHWEST RANCHES, FL 33332 US

Title: S () Delete
Name: ALESHIRE, SUSAN
Address: 4930 S.W. 198 TERRACE
City-St-Zip: SOUTHWEST RANCHES, FL 33332

Title: D () Delete
Name: VANIK, JOHN
Address: 5300 SW 198 TERRACE
City-St-Zip: SOUTHWEST RANCHES, FL 33332

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SUSAN ALESHIRE

S

01/30/2008

Electronic Signature of Signing Officer or Director

Date