

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06071

FILED
Apr 06, 2010
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
Name: HENNESSY, JOHN
Address: 5350 SW 198 TERRACE
City-St-Zip: SOUTHWEST RANCHES, FL 33332 US

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

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

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: SUSAN ALESHIRE

SEC

04/06/2010

_____ Electronic Signature of Signing Officer or Director

_____ Date