

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000002934

FILED  
Apr 15, 2009  
Secretary of State

Entity Name: TERRACE SHORES ASSOCIATION INC.

**Current Principal Place of Business:**

2107 GEORGIA AVE  
ENGLEWOOD, FL 34224

**New Principal Place of Business:**

**Current Mailing Address:**

2107 GEORGIA AVE  
ENGLEWOOD, FL 34224

**New Mailing Address:**

FEI Number: 80-0161007

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

FOWLER, MARY  
2107 GEORGIA AVE  
ENGLEWOOD, FL 34224 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: VP ( ) Delete  
Name: BROWN, STEVEN R  
Address: 2060 OYSTER CREEK DR  
City-St-Zip: ENGLEWOOD, FL 34224

Title: T ( ) Delete  
Name: FOWLER, MARY M  
Address: 2107 GEORGIA AVE  
City-St-Zip: ENGLEWOOD, FL 34224

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

Title: VP ( ) Change (X) Addition  
Name: KESEL, JAMES  
Address: 2129 GEORGIA AVENUE  
City-St-Zip: ENGLEWOOD, FL 34224

Title: S ( ) Change (X) Addition  
Name: BRESNAHAN, ELLIE  
Address: 2108 MICHIGAN AVE  
City-St-Zip: ENGLEWOOD, FL 34224

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: MARY M. FOWLER

T

04/15/2009

Electronic Signature of Signing Officer or Director

Date