

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 24, 2004 8:00 am
Secretary of State

03-24-2004 90012 034 ****70.00

DOCUMENT # N08642

1. Entity Name

**TERRACE OAKS OF HILLSBOROUGH COUNTY
HOMEOWNERS ASSOCIATION, INC.**



Principal Place of Business

10322 N. DALE MABRY
TAMPA FL 33618
US

Mailing Address

P. O. BOX 272670
HILLSBOROUGH FL 33688
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2885590

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BURGER, JOHN
10322 N. DALE MABRY
TAMPA FL 33618

Name

Street Address (P.O. Box Number is Not Acceptable)

CAROLYN MILLER
10349 COUNCILS WAY
TEMPLE TERRACE FL 33617
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

| | | |
|----------------|-------------------------|--|
| TITLE | PD | <input type="checkbox"/> Delete |
| NAME | BROWN, JUDY | |
| STREET ADDRESS | 10324 COUNCILS WAY | |
| CITY-ST-ZIP | TEMPLE TERRACE FL 33617 | |
| TITLE | VD | <input type="checkbox"/> Delete |
| NAME | MILLER, CAROLYN | |
| STREET ADDRESS | 10349 COUNCILS WAY | |
| CITY-ST-ZIP | TEMPLE TERRACE FL 33617 | |
| TITLE | STD | <input checked="" type="checkbox"/> Delete |
| NAME | BURGER, JOHN | |
| STREET ADDRESS | 10322 N. DALE MABRY | |
| CITY-ST-ZIP | TAMPA FL 33618 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|--------------------------|---|
| TITLE | PD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | CAROLYN MILLER | |
| STREET ADDRESS | 10349 COUNCILS WAY | |
| CITY-ST-ZIP | TEMPLE TERRACE, FL 33617 | |
| TITLE | VP | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | TWANDA PEARSON | |
| STREET ADDRESS | 10316 COUNCILS WAY | |
| CITY-ST-ZIP | TEMPLE TERRACE, FL 33617 | |
| TITLE | S JUDY BROWN | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | JUDY BROWN | |
| STREET ADDRESS | 10324 COUNCILS WAY | |
| CITY-ST-ZIP | TEMPLE TERRACE, FL 33617 | |
| TITLE | TREASURER | <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | RUTH MELENDEZ | |
| STREET ADDRESS | 11407 Smoke thorn DR. | |
| CITY-ST-ZIP | Riverview FL 33569 | |
| 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 | | |

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: *Carolyn Miller*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CAROLYN MILLER 3/19/2004
Date Daytime Phone #