2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08642

FILED Feb 16, 2009 Secretary of State

Entity Name: TERRACE OAKS OF HILLSBOROUGH COUNTY HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

14813 TURNER RD TAMPA, FL 33624 US

Current Mailing Address: New Mailing Address:

14813 TURNER RD TAMPA, FL 33624 US

FEI Number: 59-2885590 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

WEST COAST MANAGEMENT & REALTY, INC. ATTN: BETTY B RIDGE, MANAGER 14813 TURNER RD TAMPA, FL 33624 US

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:

- Flateric Circulate of Decideral Access

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D () Delete Title: PD (X) Change () Addition Name: WIGGINS, ROOSEVELT Name: MUSA, ADEL

 Address:
 10328 COUNCITS WAY
 Address:
 10379 COUNCITS WAY

 City-St-Zip:
 TAMPA, FL 33617
 City-St-Zip:
 TAMPA, FL 33617

Title: P () Delete Title: VPD (X) Change () Addition Name: PEARSON, TWANDA Name: MILLER, CAROLYN

Address: 10316 COUNCILS WAY Address: 10349 COUNCILS WAY
City-St-Zip: TAMPA, FL 33617 City-St-Zip: TAMPA, FL 33617

Title: ST () Delete Title: TD (X) Change () Addition

 Name:
 BROWN, JUDY
 Name:
 ATIYEH, ABDEL

 Address:
 10324 COUCILS WAY
 Address:
 10346 COUCILS WAY

 City-St-Zip:
 TAMPA, FL 33617
 City-St-Zip:
 TAMPA, FL 33617

Title: D () Delete Title: () Change () Addition

 Name:
 KHALED, MOHAMED
 Name:

 Address:
 10334 COUNCILS WAY
 Address:

 City-St-Zip:
 TAMPA, FL 33617
 City-St-Zip:

 Name:
 MUSA, ADEL
 Name:
 SAMAHA, OMAR

 Address:
 10379 COUNCILS WAY
 Address:
 10342 COUNCILS WAY

 City-St-Zip:
 TAMPA, FL 33617
 City-St-Zip:
 TAMPA, FL 33617

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: ADEL MUSA PD 02/16/2009