


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 24, 2006 8:00 am**  
**Secretary of State**

04-24-2006 90466 003 \*\*\*\*61.25

|  |   |
|--|---|
| <b>DOCUMENT # N08822</b>                       |  |
| 1. Entity Name                                 |   |
| TERRA CEIA MANOR HOMEOWNERS' ASSOCIATION, INC. |   |

|   |   |
|---|---|
| Principal Place of Business                 | Mailing Address                             |
| 5619 BAYSHORE RD<br>PALMETTO FL 34221<br>US | 5619 BAYSHORE RD<br>PALMETTO FL 34221<br>US |

|                                |         |                     |         |
|--------------------------------|---------|---------------------|---------|
| 2. Principal Place of Business |         | 3. Mailing Address  |         |
| Suite, Apt. #, etc.            |         | Suite, Apt. #, etc. |         |
| City & State                   |         | City & State        |         |
| Zip                            | Country | Zip                 | Country |



1st MOORE CR2E037 (10/05)

|                                  |  |   |  |                |
|----------------------------------|--|---|--|----------------|
| 4. FEI Number                    |  | 59-2851487  |  | Applied For    |
|                                  |  |   |  | Not Applicable |
| 5. Certificate of Status Desired |  | <input type="checkbox"/> \$8.75 Additional Fee Required |  |                |

|   |  |  |  |
|---|--|--|--|
| 6. Name and Address of Current Registered Agent             |  | 7. Name and Address of New Registered Agent        |  |
| KORP, WILLIAM R<br>333 S TAMiami TR<br>V<br>VENICE FL 34285 |  | Name   |  |
|   |  | Street Address (P.O. Box Number is Not Acceptable) |  |
|   |  | City   |  |
|   |  | 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

|  |   |  |
|--|---|--|
| <b>FILE NOW: FEE IS \$61.25</b><br><b>Due By May 1, 2006</b> | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | <b>Make Check Payable to</b><br><b>Florida Department of State</b> |
|--|---|--|

| 10. OFFICERS AND DIRECTORS |                         | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 |                        |
|----------------------------|-------------------------|---|------------------------|
| TITLE                      | VD                      | TITLE   | PD                     |
| NAME                       | VANDEN BERG, DAVID      | NAME  | Ray, Henry "Bud"       |
| STREET ADDRESS             | 5619 BAYSHORE RD # 412  | STREET ADDRESS  | 5619 Bayshore Rd # 155 |
| CITY-ST-ZIP                | PALMETTO FL 34221       | CITY-ST-ZIP   | Palmetto, FL 34221     |
| TITLE                      | RD                      | TITLE   | VD                     |
| NAME                       | MILLER, DAVID           | NAME  | Rogers, Odis           |
| STREET ADDRESS             | 5619 BAYSHORE RD., #124 | STREET ADDRESS  | 5619 Bayshore Rd #415  |
| CITY-ST-ZIP                | PALMETTO FL 34221       | CITY-ST-ZIP   | Palmetto, FL 34221     |
| TITLE                      | SD                      | TITLE   | TD                     |
| NAME                       | GILBERT, YVONNE         | NAME  | Burch, Jerry           |
| STREET ADDRESS             | 5619 BAYSHORE RD #215   | STREET ADDRESS  | 5619 Bayshore Rd #105  |
| CITY-ST-ZIP                | PALMETTO FL 34221       | CITY-ST-ZIP   | Palmetto, FL 34221     |
| TITLE                      | TD                      | TITLE   | SD                     |
| NAME                       | LESAR, JOE              | NAME  | Funderburk, Larry      |
| STREET ADDRESS             | 5619 BAYSHORE RD., #350 | STREET ADDRESS  | 5619 Bayshore Rd #418  |
| CITY-ST-ZIP                | PALMETTO FL 34221       | CITY-ST-ZIP   | Palmetto, FL 34221     |
| TITLE                      | VD                      | TITLE   | D                      |
| NAME                       | BERNARD, VIVIAN         | NAME  | Amick, Carl            |
| STREET ADDRESS             | 5619 BAYSHORE RD., #238 | STREET ADDRESS  | 5619 Bayshore Rd #229  |
| CITY-ST-ZIP                | PALMETTO FL 34221       | CITY-ST-ZIP   | Palmetto, FL 34221     |
| TITLE                      |                         | TITLE   | T                      |
| NAME                       |                         | NAME  | Pepper, Claude         |
| STREET ADDRESS             |                         | STREET ADDRESS  | 5619 Bayshore Rd #421  |
| CITY-ST-ZIP                |                         | CITY-ST-ZIP   | Palmetto, FL 34221     |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:**  4-6-06 941-721-0046