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

FILED Apr 06, 2006 8:00 am Secretary of State

1. Entity Name							03-22-2006 90015 045 ****61.25				
LOVELL TINC.	TERRACE	PROPERTY OWNE	RS ASSOCIATION,								
Principal Place of Business Ma			Mailing Address								
EUSTIS FL 32726			PO BOX 578 APOPKA FL 32704-578 US								
2. Principal P	lace of Busin	ness	3. Mailing Address				1 (2) (Trin (1))	rrats Bith etest evry	eren erêtî êrîta û	150 COTA BITH 01	IMT) SI ISTO
Suite, Apt. #, etc.			Suite, Apt. #, etc.				1st MO	ORE	CR2E037	(10/05)	
City & State			City & State				4. FEI Number 5	9-2882261			pplied For ot Applicable
Zip	Country		Zip	Country			5. Certificate of Sta	atus Desired		\$8.75 Ad Fee Require	
	6. Name	and Address of Current F	Registered Agent				7. Name and Add	ess of New R	egistered /	gent	
295	VIS, SANI 0 COUNT STIS FL 3	TY ROAD 44 WEST			Street A	ddress (F	P.O. Box Number is N	lot Acceptable	;)		
					City				FL	Zip Coo	le
8. The above	named entit	v submits this statement for	the purpose of changing its	registere	d office or	r renistere	ed agent or both in t	he State of Flo		amiliac with	and accept
the obligat	tions of regist	tered agent, 🦸 11		•							on decept
CICNATURE		٠.									
SIGNATURE	Signature, typed	or printed name of registered agent is	nd atte 4 applicable (NOT	E- Pegistero	Agent trights	nun tedranag	when romstating)		DATE		

.7 .	EILE NUM										
	Due By	/: FEE IS \$61.25 / May 1, 2006	9. Election Car Trust Fund (\$5.00 May Be Added to Fees	Mal Florid	ke Check la Depart	Payable ment of S	to State
10.	Due By	/ May 1, 2006	Trust Fund (<u> </u>	Added to Fees DDITIONS/CHANGE	Florid	la Depart	ment of	State
10.	Due By	OFFICERS AND DIR	Trust Fund (11.	on.	Dileo	Added to Fees DDITIONS/CHANGE CTOC	Florid	la Depart	ment of	State
10.	Due By	OFFICERS AND DIR	Trust Fund (11.	on.	Dile S	Added to Fees DDITIONS/CHANGE	Florid S TO OFFICE	la Depart	MECTORS IN	State 110
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10. TITLE HAME STREET ADDRESS CITY-ST-ZIP TITLE	PT ADAMS, JI 230 LOVE APOPKA F	OFFICERS AND DIR EFF LL LN -L 32703	Trust Fund (11. TITLE NAME CITY TITLE	On. ET ADDRESS ST-ZIP	Dile PATT 258	Added to Fees DOITIONS/CHANGE CTOC Y DAULS LOJBLE LA	S TO OFFICE	la Depart	MECTORS IN	State 110
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SIGNATURE: