

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jun 20, 2005 8:00 am
Secretary of State

06-20-2005 90001 008 ****61.25

DOCUMENT # N20964

1. Entity Name
TERRACE LANDINGS CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
11804 N. 56TH STREET
TAMPA, FL 33617

Mailing Address
11804 N. 56TH STREET
TAMPA, FL 33617

DO NOT WRITE IN THIS SPACE



05242005 No Chg-NP CR2E037 (10/03)

4. FEI Number
59-2847915

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WATHEN, MARTIN A
11804 N. 56TH STREET
TAMPA, FL 33617

**DO NOT WRITE
IN THIS SPACE**

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

Filing Fee is \$61.25
Due by September 7, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
PD
STREEPER, MICHAEL
11812 N. 56TH STREET
TAMPA, FL 33617

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
TD
WATHEN, MARTIN A
11804 N. 56TH STREET
TAMPA, FL 33617

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
SD
WACHSTEIN, RICK
11808 N. 56TH STREET
TAMPA, FL 33617

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**DO NOT WRITE
IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARTIN A. WATHEN
TREASURER

Date

Daytime Phone #

6/9/05 813-985-2325