


**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 28, 2008 08:00 AM
Secretary of State

DOCUMENT # N20964 1. Entity Name TERRACE LANDINGS CONDOMINIUM ASSOCIATION, INC.	
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Principal Place of Business 11804 N. 56TH STREET TAMPA, FL 33617	Mailing Address 11804 N. 56TH STREET TAMPA, FL 33617
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DO NOT WRITE IN THIS SPACE



01162008 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-2847915	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 AVILES, JON 11804 N. 56TH STREET TAMPA, FL 33617

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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 May 1, 2008	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
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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 AVILES, JON 11804 N. 56TH STREET TAMPA, FL 33617
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MITCHEL, JAMES 11808 N. 56TH STREET TAMPA, FL 33617
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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01/30/08-80068-015 61.25

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:  **1/24/08 813-985-2325**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #