## FILE NOW: FILING FEE IS \$61.25

NONPROFIT **CORPORATION** ANNUAL REPORT



FLORIDA DEPARTMENTOF STATE Bandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** 

1998

DOCUMENT #

SHOEMAKER, MARY ELLEN

3256 E. GRAPELEAF LANE

8851 S. BRITTANY PATH

10331 S EVANS POINT

**INVERNESS FL** 

INVERNESS FL

HERRON, JACK

COURY, AL

NAME

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

(6)

## **FILED** Jun 01 1998 8:00am Secretary of State

C.	TERWOOD COMMUNITY HO	JMEUWNERS ASSUL	CIATION	i, in						
Principal Place of Business Mailing Address							1 (001)(01 01) 01001 10501 10(0 1)1001 B	(E) MINH DINH		B
3256 E GRAPELEAF LN INVERNESS FL 32652-8206 INVERNESS FL 34452 US			I			3.	Date Incorporated or Qualified 05/07/1992			
		00				4.	FEI Number 59-3122670			Applied For Not Applicable
2. Principal P	2a. Mailing Address	lailing Address			5.	Certificate of Status Desired		\$8.7	5 Additional	
21	W	26								Required
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				6.	Election Campaign Financing Trust Fund Contribution			O May Be d to Fees
City & Stat	θ	City & State				7. Is this nonprofit corporation a homeowners association?				
Zip	Country	Zip	Cc	ountry		8.	This corporation owes or has paid		ent year	Intangible
24	25	29	30				Personal Property Tax due June 3	30. 🔲	Yes	No No
9. Name and Address of Current Registered Agent						10.	10. Name and Address of New Registered Agent			
				81	Name					
	aker, mary e.			82	Street Addr	ess (P	O. Box Number is Not Acceptable	e)	<del></del>	
	GRAPELEAF LN									
INVERN	ES\$ FL*34452			83						
				84	City			FL	85 Z	ip Code
11. Pursuant office or r agent. La	to the provisions of Sections 617.050 egistered agent, or both, in the State of familiar with, and accept the obligations.	12 and 617.1508, Florida Sta of Florida. Such change we ations of, Section 617.0503,	tutes, the a as authorize Florida Sta	above ed by atutes	e-named corp the corporat	oration ion's b	n submits this statement for the purposed of directors. I hereby accept		hangin intment	g its registered as registered
SIGNATURE										
Signature, typed or printed hanse of registered agent and title if applicable. (NOTE: R  12. OFFICERS AND DIRECTORS				egistered Agent algnature requ			reinstating) ADDITIONS/CHANGES TO OFFICE	DATE EDG AMD I	DIDECT	ODE IN 12
TITLE	PD			1.1 TITLE			DDITIONS/CHANGES TO OFFICE		Chang	
NAME	VALENTINO, JOYCE		l l	NAME				•	- 0712.11	,,,
STREET ADORESS	9264 S HAMMOCK AVENUE				ADDRESS					
CITY-ST-ZIP	INVERNESS FL			CITY-S						
TITLE	VD.	☐ DELETE		2.1 TITLE					Chang	e Addition
NAME	MCDONALD, GEORGE		2.21	2.2 NAME						
STREET ADDRESS	9030 BRITTANY PATH	• • • • • • • • • • • • • • • • • • • •		2.3 STREET ADDRESS						
CITY-ST-ZIP	INVERNESS FL		2.4	2. 4 CITY+ST-ZIP				· .		
TITLE	10	☐ DĒLETE	3.1	TITLE					Chang	je 🔲 Addition
NAME	=		3.21	3.2 NAME						
STREET ADDRESS				3.3 STREET ADDRESS						
CITY-ST-ZIP	INVERNESS FL		3.4.	CITY-S	IT- ZIP				_	
TITLE	NA CONTRACTOR OF THE CONTRACTO	DELETE		T/T/ F					ΛL	

**INVERNESS FL** CITY-ST-ZIP 6.4 CITY-ST-ZIP 14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

4. 2 NAME

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY - ST - ZIP

JOHN KRAUS,

8698 5. Vision Circle

4.4 CITY - ST - ZIP

DELETE

DELETE

\_\_\_ Addition