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NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name

SIGNATURE:

N92000000009 (2)

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FILED

Feb 10 1997 8:00am

Secretary of State

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TERRACE OAKS OF HILLSBOROUGH COUNTY HOMEOWNERS A SSOCIATION, INC.

Principal Place of Business					Mailing Address					4 Jaginet mie idlik biebt gotte datet dent gente bette gente bette gente bette							
1301 SEMINOLE BLVD					1301 SEMINOLE BLVD												
#172					STE 172												
LARGO FL 34640					LARGO FL 33770-8113					3. Dat	e Incorr	orated or Quali	fied	3a. Da	te of Last I	Report	_
US				US	03					10/26/1992				03/14/1996			
2. Principal Place of Business					2a. Mailing Address					4. FEI	Numbe				A	pplied For	
21	21			26	26					59-3166316 Not Appl						ot Applicabl	le
Suite, Apt. #, etc.				Suite, Apt. #, etc.					S Co	dificate	of Status Desire	d		\$8.75	Additional		
22				27						0. 00	lineale	or status besire	u			equired	
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23		Constru			28				Trust Fund Contribution							_	
	Zip	Country			Zip Country				1	8. This corporation has liability for intangible tax under s. 199.032,							
24 25 9. Name and Address of Current			29						Florida Statutes Yes No 10, Name and Address of New Registered Agent								
		9. Name	and Address of Cut	Intir vofis	stered Agent		81	Name		U, IND	nie enu	Address of No	W NOW	1010100	vyoru.		
	OTEDI IN	O MOT						1401710									
STERLING MGT 1301 SEMINOLE BLVD					82 Street Add					dress (P.O. Box Number is Not Acceptable)							
		MINULE DI	LAD				63	ļ						·····			
	STE 172 LARGO F	04040															
	LAMOU r	'L 34040 /					84	City						FL	85 Zip	Code	
11	. Pursuant t	o the provis	sions of Sections 617.	05 /1 2 and 6	317.1508, Florida St	tatutes, t	the abov	e-named	d corporat	tion su	ibmits th	nis statement for	the pu		changing	its registere	d
	office or re	egistered ag	sions of Sections 617.0 gent, or both, in the St ith, and accept the of	e of Flori	ida. Such change w	vas auth	orized by	y the co	rporation's	s boar	d of dire	ctors. I hereby	accept	the appo	ointment a	s registered	
			# A LI LI D	nigations b	71, Section 017,0503	o, rionuc	a Statute	.						11	's 19º	2	
St	GNATURE _	gnature, type	or plant maps of registered	agent and title	e if applicable	(NOTE: Re	gistered Apr	ent signatur	re required wh	hen reins	itating)			DATE	3///		- ;
12	. 7	······································	OFFICE AS		CTORS		13.			ADD	ITIONS	CHANGES TO	OFFICE	RS AND	DIRECTO	RS IN 12	
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Į ``	informatio	n indicated	on this annual report ector of the corporation	or supplen	nental annual report	t is true	and ac	urate an	nd that my	signa	ture sha	ll have the same	e legal	effect as	if made u	nder oath; th	nat
1	appears i	n Block 12 c	or Block 13 if changed	d, or optan	attachment with a	addres	S.	0410 UBS	, iehoii as	, +640I	. ou by t	م حم محم	- NO O	u.u.uo, al	ra urai my	·········	