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NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

Feb 09 1998 8:00am

Secretary of State

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

Principal Place of Business

STREET ADDRESS

CITY-ST-ZIP

N9200000009 (2)

Mailing Address

TERRACE OAKS OF HILLSBOROUGH COUNTY HOMEOWNERS A SSOCIATION, INC.

1301 SEMINOLE BLVD #172 LARGO FL 34640 US			1301 SEMINOLE BLVD STE 172 LARGO FL 34640			3. Date Incorporated or Qualified			
						10/26/1992			
		US	US			4. FEI Number			Applied For
						59-3166316	·		Not Applicable
	Place of Business	2a. Mailing Add	iress			5. Certificate of Status Desired		\$8.75	Additional
21		26						Fee	Required
Sulte, Apt.	#, etc.	Suite, Apt. #	, etc.			6. Election Campaign Financing	g	\$5.00	May Be
22		27				Trust Fund Contribution		Added	to Fees
City & State	le ·	City & State				7. Is this nonprofit corporation:	ahopseowners	associat	tion?
23		28					Yes _	No	
Zip	Country	Zip	<u></u> '	Country		8. This corporation owes or has	s paid the curre	ent year	Intangible
24	25	29	30			Personal Property Tax due J		Yes	No.
	9. Name and Address	of Current Registered Agent				10. Name and Address of New	Registered A	gent /	<u> </u>
				81	Name			/	
STERLING MGT				82	Ctroot Add	et Address (P.O. Box Number is Not Acceptable)			
	EMINOLE BLVD			02	Sireet Addi	ress (F.O. Box Notice) is Not Accep	D(able)		
STE 172				83					
	FL 34640								
Dingo	I'L OTOTO			84	City		FL	85 Zi	p Code
11. Pursuant	to the provisions of Saction	e 617 0502 and 617 1509 Elevi	ide Statuton th	l l	named core	coration submits this statement for the		honoine	He registered
office or r	registered agent, or both, in	the State of Florida. Such chai	nge was author	rized by	the corporal	poretion submits this statement for the tion's board of directors. I hereby ac	cept the appo	intment a	as registered
agent. I a	ım familiar with, and accept	the obligations of, Section 617	.0503, Florida	Statutes	3.				
SIGNATURE .					 ,		•		
Signature, typed or printed name of registered agent and title if applicable.					nt signature requi	red when reinstating)	DATE	NOFOTO	200 111 40
12. TITLE	PD	CERS AND DIRECTORS		13.		ADDITIONS/CHANGES TO OF		Change	
Title	ו דט	<u></u> v	CLCIC 1	1.1 TITLE			L		Mubilion
l	MINE OOLE						-	·· -	
NAME	MIKE OGLE	^*		1.2 NAME			•	•	
NAME STREET ADDRESS	8707 CORAL DAWN	CT.		1.2 NAME 1.3 Street	ADDRESS			•	
l '''' '	8707 CORAL DAWN TAMPA FL								
STREET ADDRESS	8707 CORAL DAWN TAMPA FL VTD		1	1.3 STREET				Change	e
STREET ADDRESS CITY-ST-ZIP	8707 CORAL DAWN TAMPA FL VTD DAVID SPRINGER		1 ELETE 2	1.3 STREET 1.4 CITY-S				Change	Addition
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6.3 STREET ADDRESS

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 occurate 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 empower of to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 18 if phanged, or on an area of the corporation of the corporation