

2000 UNIFORM BUSINESS REPORT (UBR) 1/

FILED
Apr 18, 2000 8:00 am
Secretary of State

01-26-2000 90186 001 ****61.25

DOCUMENT # N92000000009

1. Entity Name

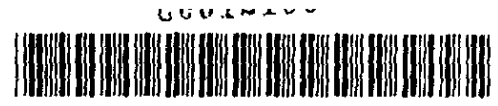
TERRACE OAKS OF HILLSBOROUGH COUNTY HOMEOWNERS A

Principal Place of Business

Mailing Address

1301 SEMINOLE BLVD
 #172
 LARGO FL 34640
 US

1301 SEMINOLE BLVD
 STE 172
 LARGO FL 33770-8113
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

2880 SCHERER DR.

2880 SCHERER DR.

Suite, Apt. #, etc.
840

Suite, Apt. #, etc.
840

City & State
ST. PETE, FL

City & State
ST. PETE, FL

4. FEI Number
59-3166316

Applied For
 Not Applied

Zip
33716 Country
USA.

Zip
33716 Country
USA.

5. Certificate of Status Desired **\$8.75** Additional Fees Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

STOOPS, MARK S
~~1301 SEMINOLE BLVD~~ **2880 SCHERER DR. #840**
~~STE 172~~
~~LARGO FL 34640~~ **ST. PETE, FL 33716**

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D**
 NAME **SIEGENTHAUER, RICHARD** Delete
 STREET ADDRESS **9822 TERRACE TRAIL LANE**
 CITY-ST-ZIP **TAMPA FL 33617**

TITLE **D**
 NAME **V PALMIERI, MICHAEL** Change Addition
 STREET ADDRESS **8703 TERRA OAKS RD.**
 CITY-ST-ZIP **TAMPA, FL 33617**

TITLE **D**
 NAME **DAVID SPRINGER** Delete
 STREET ADDRESS **9827 TERRACE TRAIL LANE**
 CITY-ST-ZIP **TAMPA FL**

TITLE **D**
 NAME **S/T COSSE, RANDY** Change Addition
 STREET ADDRESS **9811 TERRACE TRAIL LANE**
 CITY-ST-ZIP **TAMPA, FL 33617**

TITLE **SD**
 NAME **GREG GROSSMAN** Delete
 STREET ADDRESS **9809 TERRACE TRAIL LANE**
 CITY-ST-ZIP **TAMPA FL**

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP Change Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP Change Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP Change Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP Change Addition

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/17-2000
737 377 7555
 Date Daytime Phone #