

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 09, 2001 8:00 am
Secretary of State

0012163

DOCUMENT # N92000000009

1. Entity Name

TERRACE OAKS OF HILLSBOROUGH COUNTY HOMEOWNERS A

02-19-2001 90063 047 ****61.25

Principal Place of Business 2880 SCHERER DRIVE SUITE 840 SAINT PETERSBURG FL 33716 US	Mailing Address 2880 SCHERER DRIVE SUITE 840 SAINT PETERSBURG FL 33716 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number 59-3166316	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

STOOPS, MARK S
2880 SCHERER DRIVE
SUITE 840
SAINT PETERSBURG FL 33716

7. Name and Address of New Registered Agent

Name _____
 Street Address (P.O. Box Number is Not Accepted) _____
 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
After September 12, 2001, min. will be \$236.25

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PALMIERI, MICHAEL 8703 TERRA OAKS ROAD TAMPA FL 33617	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD DAVID SPRINGER 9827 TERRACE TRAIL LANE TAMPA FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DTS COSSE, RANDY 9811 TERRACE TRAIL CANE TAMPA FL 33617	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DTS CROWDER ESTON CROWDER 8724 CORM DAWN CT. TAMPA, FL. 33637	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

CR2E037 (5/01)

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Attachment 11136#1V9200000069

ERRACE OAKS HOA
 2880 SCHERER DRIVE
 SUITE 840
 ST. PETERSBURG, FL 33716

pay SIXTY-ONE AND 25/100 DOLLARS

To the DEPARTMENT OF STATE
 Order DIVISION OF CORPORATIONS
 OF ANNUAL REPORTS SECTION
 P. O. BOX 1500
 TALLAHASSEE FL 32302-1500

0010276
 PINELLAS COMMUNITY BANK
 350 EAST BAY DRIVE
 LARGO, FL 33770
 63-1243-631

Check No. 0010276
 Date 02/16/2001
 Check Amount \$61.25

02-21
[Signature]

⑈0010276⑈ ⑆063112430⑆ 1031759⑈06

⑈0000006125⑈