2002 UNIFORM BUSINESS REPORT (UBR)

May 29, 2002 8:00 am Secretary of State DOCUMENT # N9200000009 1. Entity Name 04-16-2002 90126 035 ****61.25 TERRACE OAKS OF HILLSBOROUGH COUNTY HOMEOWNERS A SSOCIATION, INC. Principal Place of Business Mailing Address 2000 SCHERER DRIVE 2880 SCHERER DRIVE TUTE 840 The Petersburg FL 33716 SUITE 840 SAINT PETERSBURG FL 33716 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3166316 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7.-Name and Address of New Registered Agent Name Street STOOPS, MARK S 2880 SCHERER DRIVE SUITE 840 SAINT PETERSBURG FL 33718 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 (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be Make Check Payable to FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITI F Delete TITLE Change (9/01) ☐ Addition NAME PALMIERI. MICHAEL NAME Wike STREET ADDRESS 8703 TERRA OAKS ROAD STREET ADDRESS CITY-ST-ZIP TAMPA FL 33617 CITY-ST-ZIP VTD TITLE ☐ Delete TITLE ☐ Addition DAVID-SPRINGER. NAME NAME 9827 TERRACE TRAIL LANE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **TAMPA FL 33617** CITY-ST-ZIE DTS TITLE ☐ Delete TITLE ☐ Addition CROWDER, ESTON NAME NAME STREET ADORESS 8724 CORAL DAWN CT STREET ADORESS Corel Pown Ct フヱ4 CITY-ST-ZIP TAMPA FL 33637 CITY-ST-ZIP TITLE ☐ Delete TIDE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Detete TILE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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:

BI (Browiter I FRED SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 2-25-02

727-29 5-5553

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