


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 26, 2004 8:00 am**  
**Secretary of State**

04-26-2004 90520 009 \*\*\*\*61.25

<b>DOCUMENT # N92000000009</b> 1. Entity Name <b>TERRACE OAKS OF HILLSBOROUGH COUNTY HOMEOWNERS ASSOCIATION, INC.</b>	
---	---

Principal Place of Business <b>2880 SCHERER DRIVE SUITE 840 SAINT PETERSBURG FL 33716 US</b>	Mailing Address <b>2880 SCHERER DRIVE SUITE 840 SAINT PETERSBURG FL 33716 US</b>
2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



MOORE CR2E037 (11/03)

<b>6. Name and Address of Current Registered Agent</b>	
<b>JOSEPH CIANFIONE P.A. 1968 BAYSHORE BLVD DUNEDIN FL 34698</b>	

4. FEI Number <b>59-3166316</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>7. Name and Address of New Registered Agent</b>	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2004</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>Make Check Payable to Florida Department of State</b>
--	---	--

10. OFFICERS AND DIRECTORS	
TITLE NAME	<b>STD PALMIERI, MIKE</b> <input checked="" type="checkbox"/> Delete <b>8703 TERRA OAKS ROAD</b> <b>TAMPA FL 33637</b>
TITLE NAME	<b>VD DAVID SPRINGER</b> <input checked="" type="checkbox"/> Delete <b>9829 TERRACE TRAIL LANE</b> <b>TAMPA FL 33637</b>
TITLE NAME	<b>PD CROWDER, ESTON</b> <input type="checkbox"/> Delete <b>8724 CORAL DAWN CT</b> <b>TAMPA FL 33637</b>
TITLE NAME	<input type="checkbox"/> Delete
TITLE NAME	<input type="checkbox"/> Delete
TITLE NAME	<input type="checkbox"/> Delete
TITLE NAME	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME	<b>STD Michael Harrah</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>9832 Terrace Trail Lane</b> <b>Tampa, FL 33637</b>
TITLE NAME	<b>VP Greg Grossman</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>9809 Terrace Trail Lane</b> <b>Tampa, FL 33637</b>
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> 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: E. Crowder Eston Crowder 4-1-04 813-907-3625

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #