


259 **2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**May 01, 2006 8:00 am**  
**Secretary of State**  
 05-01-2006 90299 007 \*\*\*\*61.25

**DOCUMENT # N92000000009**

1. Entity Name  
**TERRACE OAKS OF HILLSBOROUGH COUNTY HOMEOWNERS ASSOCIATION, INC.**



Principal Place of Business      Mailing Address

**2880 SCHERER DRIVE**      **2880 SCHERER DRIVE**  
**SUITE 140**      **SUITE 140**  
**SAINT PETERSBURG FL 33716**      **SAINT PETERSBURG FL 33716**  
**US**      **US**

2. Principal Place of Business      3. Mailing Address

**2870 Scherer Dr. N**      **2870 Scherer Dr. N**

Suite, Apt. #, etc.      Suite, Apt. #, etc.


**100**      **100**

City & State      City & State

**St. Petersburg, FL**      **St. Petersburg, FL**

Zip      Country      Zip      Country

**33716**      **USA**      **33716**      **USA**



1st MOORE      CR2E037 (10/05)

4. FEI Number      Applied For

**59-3166316**      Not Applicable

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

6. Name and Address of Current Registered Agent

**JOSEPH CIANFIONE P.A.**  
**1968 BAYSHORE BLVD**  
**DUNEDIN FL 34698**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE X

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

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2006**

9. Election Campaign Financing Trust Fund Contribution.       **\$5.00** May Be Added to Fees

**Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	STD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARRAH, MICHAEL	NAME	
STREET ADDRESS	9832 TERRACE TRAIL LANE	STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33637	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SPRINGER, DAVID	NAME	
STREET ADDRESS	1829 TERRACE TRAIL LN	STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33637	CITY-ST-ZIP	
TITLE	DP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JENKINS, JIMMY	NAME	
STREET ADDRESS	8707 TERRACE OAKS DR	STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33637	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 exemptions contained in Section 119, 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]      4/1/06