

**2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Apr 24, 2009  
Secretary of State**

DOCUMENT# N92000000009

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

**Current Principal Place of Business:**

2870 SCHERER DR. N  
SUITE 100  
SAINT PETERSBURG, FL 33716 US

**New Principal Place of Business:**

**Current Mailing Address:**

2870 SCHERER DR. N  
SUITE 100  
SAINT PETERSBURG, FL 33716 US

**New Mailing Address:**

**FEI Number:** 59-3166316      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

JOSEPH CIANFIONE P.A.  
1968 BAYSHORE BLVD  
DUNEDIN, FL 34698 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: STD ( ) Delete  
Name: HARRAH, MICHAEL  
Address: 9832 TERRACE TRAIL LANE  
City-St-Zip: TAMPA, FL 33637

Title: D ( ) Delete  
Name: SPRINGER, DAVID  
Address: 1829 TERRACE TRL LN  
City-St-Zip: TAMPA, FL 33637

Title: DP ( ) Delete  
Name: JENKINS, JIMMY  
Address: 8707 TERRACE OAKS DR  
City-St-Zip: TAMPA, FL 33637

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TODD R. PALMER

MGR

04/24/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date