

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jan 28, 2008 08:00 AM**  
**Secretary of State**

|                                                                                                                                                                                                                               |                                                                                  |                                               |                                                                                   |                                                                                                                     |                                                                   |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|-----------------------------------------------|-----------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------|
| <b>DOCUMENT # N94000001046</b><br>1. Entity Name<br><b>TERRACES/BANYAN - 3, INC.</b>                                                                                                                                          |                                                                                  |                                               |                                                                                   |                                    |                                                                   |
| Principal Place of Business<br><b>10780 CEDAR POINT BLVD.<br/>BOYNTON BCH FL 33437<br/>US</b>                                                                                                                                 |                                                                                  |                                               | Mailing Address<br><b>10780 CEDAR POINT BLVD.<br/>BOYNTON BCH FL 33437<br/>US</b> |                                                                                                                     |                                                                   |
| 2. Principal Place of Business - No P.O. Box #<br><br>Suite, Apt. #, etc.                                                                                                                                                     |                                                                                  | 3. Mailing Address<br><br>Suite, Apt. #, etc. |                                                                                   |                                                                                                                     |                                                                   |
| City & State                                                                                                                                                                                                                  |                                                                                  | City & State                                  |                                                                                   | 4. FEI Number<br><b>65-0650861</b>                                                                                  |                                                                   |
| Zip                                                                                                                                                                                                                           |                                                                                  | Country                                       |                                                                                   | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>                     |                                                                   |
| 6. Name and Address of Current Registered Agent<br><br><b>CUSTOM PROPERTY MGMT<br/>2328 S CONGRESS AVE<br/>SUITE 2A<br/>WEST PALM BCH FL 33406</b>                                                                            |                                                                                  |                                               |                                                                                   | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City   |                                                                   |
| 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. |                                                                                  |                                               |                                                                                   | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |                                                                   |
| <b>FILE NOW: FEE IS \$61.25<br/>Due By May 1, 2008</b>                                                                                                                                                                        |                                                                                  |                                               |                                                                                   | <b>Make Check Payable to<br/>Florida Department of State</b>                                                        |                                                                   |
| <b>10. OFFICERS AND DIRECTORS</b>                                                                                                                                                                                             |                                                                                  |                                               |                                                                                   | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>                                                        |                                                                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                | VPD<br>DANIELS, DIANE<br>5032 ROSEHILL DRIVE #3-204<br>BOYNTON BCH FL 33437      |                                               |                                                                                   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                | D<br>TELLER, SHEILA<br>5032 ROSEHILL DR #3-203<br>BOYNTON BCH FL 33437           |                                               |                                                                                   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                | SD<br>STEINBERG, HARRIET<br>5032 ROSEHILL DRIVE #3-205<br>BOYNTON BEACH FL 33437 |                                               |                                                                                   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                | TD<br>SONNEN, GERALD<br>5032 ROSEHILL DRIVE #3-105<br>BOYNTON BEACH FL 33437     |                                               |                                                                                   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                | PRD<br>GROSS, MARILYN<br>5032 ROSEHILL DR. #3-201<br>BOYNTON BEACH FL 33437      |                                               |                                                                                   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                | <input type="checkbox"/> Delete                                                  |                                               |                                                                                   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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 life empowered.

SIGNATURE

*Matthew Burns* 1/24/08