


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 05, 2008 8:00 am**  
**Secretary of State**

03-05-2008 90027 012 \*\*\*\*70.00

<b>DOCUMENT # N96000002910</b> 1. Entity Name <b>TERRA CEIA BAY ESTATES H.O.A., INC.</b>					
Principal Place of Business <b>5509 2ND AVE, CIRCLE W PALMETTO, FL 34221</b>			Mailing Address <b>5509 2ND AVE, CIRCLE W PALMETTO, FL 34221 US</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>59-3417759</b>	
Zip		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>LAMBERSON, JOANNE 5539 2ND AVE CIR WEST PALMETTO, FL 34221</b>				7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
8. The above named entity submits this statement for the purpose of establishing 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
Make check payable to <b>Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	TD		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LAMBERRSON, JOANNE R		NAME		
STREET ADDRESS	5539 2ND AVE CIRCLE		STREET ADDRESS		
CITY-ST-ZIP	PALMETTO, FL 34221		CITY-ST-ZIP		
TITLE	PD		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MUNNS, ROBERT		NAME		
STREET ADDRESS	5551 2ND AVE CIRCLE W		STREET ADDRESS		
CITY-ST-ZIP	PALMETTO, FL 34221		CITY-ST-ZIP		
TITLE	VDS		TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MURPHY, JANET		NAME	<b>SD MURPHY, JANET</b>	
STREET ADDRESS	5515 2ND AVE CIR W		STREET ADDRESS	<b>5515 2ND AVE CIR. W.</b>	
CITY-ST-ZIP	PALMETTO, FL 34221		CITY-ST-ZIP	<b>PALMETTO, FL 34221</b>	
TITLE			TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME			NAME	<b>VB MICHELLE CASTILLO</b>	
STREET ADDRESS			STREET ADDRESS	<b>5535 2ND AVE CIR. W.</b>	
CITY-ST-ZIP			CITY-ST-ZIP	<b>PALMETTO, FL 34221</b>	
TITLE			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE			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 Chapter 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: <i>[Signature]</i> <b>TRES.</b>			Date: <b>2/29/08</b> Daytime Phone #: <b>941-722-0621</b>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					