

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000002910

FILED  
Feb 03, 2009  
Secretary of State

Entity Name: TERRA CEIA BAY ESTATES H.O.A., INC.

## Current Principal Place of Business:

5509 2ND AVE, CIRCLE W  
PALMETTO, FL 34221

## New Principal Place of Business:

## Current Mailing Address:

5509 2ND AVE, CIRCLE W  
PALMETTO, FL 34221 US

## New Mailing Address:

5509 2ND AVE, CIRCLE W  
PALMETTO, FL 34221

FEI Number: 59-3417759

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

LAMBERSON, JOANNE  
5539 2ND AVE CIR WEST  
PALMETTO, FL 34221 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: TD ( ) Delete  
Name: LAMBERRSON, JOANNE R  
Address: 5539 2ND AVE CIRCLE  
City-St-Zip: PALMETTO, FL 34221

Title: PD ( ) Delete  
Name: MUNNS, ROBERT  
Address: 5551 2ND AVE CIRCLE W  
City-St-Zip: PALMETTO, FL 34221

Title: SD ( ) Delete  
Name: MURPHY, JANET  
Address: 5515 2ND AVE CIR W  
City-St-Zip: PALMETTO, FL 34221

Title: VD ( ) Delete  
Name: CASTILLO, MICHELLE  
Address: 5535 2ND AVE CIR W  
City-St-Zip: PALMETTO, FL 34221

## 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:

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: JOANNE LAMBERSON

TD

02/03/2009

Electronic Signature of Signing Officer or Director

Date