

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000002910

FILED  
Feb 08, 2010  
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

**New Mailing Address:**

**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  
Name: LAMBERRSON, JOANNE R  
Address: 5539 2ND AVE CIRCLE  
City-St-Zip: PALMETTO, FL 34221

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

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

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

I hereby 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 all other like empowered.

**SIGNATURE:** JOANNE LAMBERSON

TD

02/08/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date