2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2004
Secretary of State

DOCUMENT# N96000004298

Entity Name: TERRY COVE HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

1437 VIEUX CARRE. DR.
TALLAHASSEE, FL 32308

New Principal Place of Business:

1446 RACHEL LANE
TALLAHASSEE, FL 32308

Current Mailing Address:

PO BOX 13671
TALLAHASSEE, FL 32317

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NELSON, TERRY C
1437 VIEUX CARRE DR.
TALLAHASSEE, FL 32308 US

Name and Address of New Registered Agent:

NELSON, TERRY C
1446 RACHEL LANE
TALLAHASSEE, FL 32308 US

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: _____ 04/29/2004
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: DPT ( ) Delete
Name: FITZPATRICK, DAVID W
Address: 1216 WAKEFIELD DRIVE
City-St-Zip: PENSACOLA, FL 32514

Title: D ( ) Delete
Name: FITZPATRICK, DIANE R
Address: 1216 WAKEFIELD DRIVE
City-St-Zip: PENSACOLA, FL 32514

Title: DVS ( ) Delete
Name: ENGLISH, GREGORY S
Address: 1310 E. GONZALEZ STREET
City-St-Zip: PENSACOLA, FL 32501

Title: D ( ) Delete
Name: ENGLISH, LINDA J
Address: 1310 E. GONZALEZ STREET
City-St-Zip: PENSACOLA, FL 32501

Title: RA ( ) Delete
Name: NELSON, TERRY C
Address: 1437 VIEUX CARRE DR.
City-St-Zip: TALLAHASSEE, FL 32308

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:

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: TERRY C. NELSON RA 04/29/2004
Electronic Signature of Signing Officer or Director — Date