2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N98000001007

1. Entity Name
TEMPLE TERRACE WOODS HOMEOWNERS ASSOCIATION, INC.

FILED
Feb 09, 2006 08:00 AM
Secretary of State

Principal Place of Business	Mailing Address
9118 WOOD TERRACE DR TAMPA, FL 33637	9118 WOOD TERRACE DR TAMPA, FL 33637

02032006 No Chg-NP CR2E037 (11/05)

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4. FEI Number
59-3581412
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

DANIELS, LENVILLE
9118 WOOD TERRACE DR
TAMPA, FL 33637

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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.

SIGNATURE: Lenville Daniels — Lenville Daniels — 2-4-06
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	DANIELS, LENVILLE
STREET ADDRESS	9118 WOOD TERRACE DR
CITY-ST-ZIP	TAMPA, FL 33637
TITLE	VP
NAME	STREGE, JEREMY
STREET ADDRESS	9171 WOOD TERRACE DR
CITY-ST-ZIP	TAMPA, FL 33637
TITLE	T
NAME	MICUES, KATHY
STREET ADDRESS	9117 WOOD TERRACE DR
CITY-ST-ZIP	TAMPA, FL 33637
TITLE	S
NAME	RAYO, RUIS
STREET ADDRESS	9129 WOOD TERRACE DR
CITY-ST-ZIP	TAMPA, FL 33637
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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02/21/06-80021-007 61.25

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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: Lenville Daniels — Lenville Daniels 2-4-06 — 8139856905
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #