

DOCUMENT # N99000001542

1. Entity Name

TERRA CEIA MANOR TENANTS ASSOCIATION, INC.

**FILED**  
**May 09, 2000 8:00 am**  
**Secretary of State**

04-06-2000 90050 011 \*\*\*\*61.25

Principal Place of Business

Mailing Address

5619 BAYSHORE RD #107  
PALMETTO FL 342215619 BAYSHORE RD #107  
PALMETTO FL 34221-9303

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

APPLIED FOR

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BURCH, SHARON  
5619 BAYSHORE RD #107  
PALMETTO FL 34221

Name ROSAILE DANDER

Street Address (P.O. Box Number is Not Acceptable)

5619 Bayshore Rd Lot #145

City PALMETTO,

FL

Zip Code 34221

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.

SIGNATURE

Rosaile Dander

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:  
FEE IS \$61.259. Election Campaign Financing  
Trust Fund Contribution. ☐\$5.00 May Be  
Added to FeesMake Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete
D	BURCH, SHARON	5619 BAYSHORE RD #107	PALMETTO FL 34221	

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete
D	KALAMAN, PATRICIA	5619 BAYSHORE RD #107	PALMETTO FL 34221	

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete
D	MCCABE, JOHN	5619 BAYSHORE RD #107	PALMETTO FL 34221	

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete
D	REITSMA, CONNIE	5619 BAYSHORE RD #107	PALMETTO FL 34221	

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete
D	STECK, BOB	5619 BAYSHORE RD #107	PALMETTO FL 34221	

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
P-D	ROSAILE DANDER	5619 BAYSHORE RD #145	PALMETTO, FL. 34221		

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
VP-D	GERALD CRANCE	5619 BAYSHORE RD #351	PALMETTO FL. 34221		

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
S	CHARLES KELLY	5619 BAYSHORE RD #143	PALMETTO, FL. 34221		

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
T	WESLEY BRYANT	5619 BAYSHORE RD #130	PALMETTO, FL. 34221		

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
D	GLORIA SCHWEINSBERG	5619 BAYSHORE RD #312	PALMETTO FL. 34221		

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify 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 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:

Rosaile Dander

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-31-2000

Date

941-782-5051

Daytime Phone #

CR2E037 (9/99)