2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N9900001542

FILED Aug 29, 2003 8:00 am Secretary of State

TERRA CI	eia manor tenants assoc	08-29-2003 90094 014 ****61.25							
Principal Place 5619 BAYSHOL PALMETTO FL		Mailing Address 5619 BAYSHORE RD #107 PALMETTO FL 34221							
2. Principal Place of Business Terru Corà Manas Tomento a Son Sur									
Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc.						CHECK HERE IF MAKING CHANGES 4. FEI Number 65-0000000 Applied			
Or Mu	to 7/	City & State				4. FEI Number 65-0999209			
Zip 34.22	Country USA	Zip	Country		5. Certificate of Statu	is Desired	\$8.75 Add Fee Require		
700	6. Name and Address of Current Ro	egistered Agent	. Name.		7. Name and Addres	s of New Registered	Agent		l
5619 BA	LL, RICHARD L YSHORE RD #433 'O FL 34221	ە - ئى مە ¹ مېكەتتىن باشىھىدى∀ . ق		Address (F	MAS Vir P.O. Box Number is Not Bay Shor	91N A Acceptable) Ra lumb	-44/		
			City	<u> </u>	12/10	FI	Zig Cod	e	
	e named entity submits this statement for the tions of registered agent. Marganeta Signature, typed Sprinted name of registered agent and	homas	registered office of the registered Agent signs			State of Florida. I am	familiar with,	and accept	
After Sept	FILE NOW: FEE IS \$61.25 tember 10, 2003, min will be \$23		ontribution.		\$5.00 May Be Added to Fees	Make Chec Florida Depa	rtment of S	State 	
TITLE	OFFICERS AND DIRE	CTORS Delete	11.	$\mathcal{D}_{\mathcal{D}}$	ADDITIONS/CHANGES		Channe	10 Addition	<u> </u>
NAME STREET ADDRESS CITY-ST-ZIP	CAMPBELL, RICHARD L 5619 BAYSHORE ROAD - SUITE 4: PALMETTO FL 34221		NAME STREET ADDRESS CITY-ST-ZIP	HiM	ebough, Jos 19 Bayshor HMette 7	sephine re Road. umt 1 34221	-414		DE037 (4/C
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LEGG, WALT 5619 BAYSHORE ROAD -SUITE 41 PALMETTO FL 34221	Ø Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	49 BAY 5619	TMAN, Vingi Bayshow K	IN IA Road brut 40	⊠ Change	☐ Addition	2
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HIMEBAUGH, JOSEPHINE 5619 BAYSHORE ROAD -SUITE 41 PALMETTO FL 34221	Dêlete 2	TITLE NAME STREET ADDRESS CITY-ST-ZIP	5D VA/ 5619	motto 71 i le Elsie a Bayshere mutte, 71	Rd unt 329	☐ Change	☐ Addition	i
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD LANDRY, IRENE 5619 BAYSHORE ROAD -SUITE 10 PALMETTO FL 34221	⊠ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	tD	givia Tho Bayshine	M A-S	Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SCHWEINBERG, GLORIA 5619 BAYSHORE ROAD -SUITE 31: PALMETTO FL 34221	.⊠ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		raceo , TI S	78.51	☐ Change	Addition	
TITLE NAME STREET ADDRESS		☐ Delete	TITLE NAME STREET ADDRESS				☐ Change	Addition	

12. I hereby certify that the information supplied with this filling 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:

SIGNATURE REQUIRED