

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000003767

1. Entity Name

TERRACE HOMES OF ST. ANDREWS ASSOCIATION, INC.

Principal Place of Business

722 SHAMROCK BLVD  
VENICE FL 34293

Mailing Address

722 SHAMROCK BLVD  
VENICE FL 34293

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

LATTMANN, STEPHEN E  
722 SHAMROCK BLVD  
VENICE FL 34293

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:  
FEE IS \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

TITLE PD  
NAME LATTMANN, STEPHEN E  
STREET ADDRESS 722 SHAMROCK BLVD  
CITY-ST-ZIP VENICE FL 34293 ☐ Delete

TITLE STD  
NAME SULLIVAN, PAMELA B  
STREET ADDRESS 722 SHAMROCK BLVD  
CITY-ST-ZIP VENICE FL 34293 ☒ Delete

TITLE VD  
NAME BRADY, RICHARD  
STREET ADDRESS 315 PINE GLEN WAY  
CITY-ST-ZIP ENGLEWOOD FL 34223 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE STD  
NAME Carroll, Alice  
STREET ADDRESS 903 Bramley Court  
CITY-ST-ZIP Venice, FL 34293 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ 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 title empowered.

SIGNATURE:

*Stephen E. Latmann*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(941) 497-2353

FILED  
Jan 20, 2001 8:00 am  
Secretary of State

01-20-2001 90012 001 \*\*\*\*61.25

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DO NOT WRITE IN THIS SPACE

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