



# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 27, 2006 8:00 am**  
**Secretary of State**

02-27-2006 90101 041 \*\*\*\*61.25

<b>DOCUMENT # N99000003767</b> 1. Entity Name <b>TERRACE HOMES OF ST. ANDREWS ASSOCIATION, INC.</b>					
Principal Place of Business <b>900 - 910 BRAMLEY CT. VENICE FL 34293</b>				Mailing Address <b>C/O ANTARES GROUP, INC. P.O. BOX 8065 NORTH PORT FL 34287</b>	
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip      Country		3. Mailing Address <b>c/o ANTARES GROUP, Inc.</b> <b>4195 S. TAMiami IL, PMB.#173</b> Suite, Apt. #, etc. <b>VENICE, FL</b> City & State Zip      Country <b>34293      USA</b>		4. FEI Number <b>65-0937144</b> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>					
6. Name and Address of Current Registered Agent <b>KRUMENAKER, CYNTHIA ANTARES GROUP, INC. 760 SUGARWOOD WAY VENICE FL 34292</b>					
7. Name and Address of New Registered Agent Name <b>ANTARES GROUP, Inc.</b> Street Address (P.O. Box Number is Not Acceptable) <b>4195 S. TAMiami IL, PMB.#173</b> City <b>VENICE</b> <b>FL</b> Zip Code <b>34293</b>					
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 <u><i>Cynthia C. Krumenaker</i></u> <u><i>Cynthia C. Krumenaker</i></u> <u>02.10.06</u> <small>Signature, typed or printed name of registered agent and title if applicable      (NOTE: Registered Agent signature required when reinstating)      DATE</small>					
<b>FILE NOW: FEE IS \$61.25</b> <b>Due By May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make Check Payable to Florida Department of State</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CARROLL, ALICE 903 BRAMLEY COURT VENICE FL 34293	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Howen, Susan 906 BRAMLEY CT. VENICE, FL 34293	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HOWEN, JIM 906 BRAMLEY CT VENICE FL 34293	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD GRIMES, JOHN 910 BRAMLEY CT. VENICE, FL 34293	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD MILLER, MARY 909 BRAMLEY CT VENICE FL 34293	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD GRIMES, JOHN 910 BRAMLEY CT. VENICE, FL 34293	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD MILLER, MARY 909 BRAMLEY CT VENICE FL 34293	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD GRIMES, JOHN 910 BRAMLEY CT. VENICE, FL 34293	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Jim Howen*      *Jim Howen*      02.10.06      941-468-8739