

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2008 08:00 AM
Secretary of State

DOCUMENT # N99000003767

1. Entity Name
TERRACE HOMES OF ST. ANDREWS ASSOCIATION, INC.



Principal Place of Business

**900 - 910 BRAMLEY CT.
VENICE, FL 34293**

Mailing Address

**C/O ANTARES GROUP, INC.
4195 S. TAMiami TRAIL, PMB #173
VENICE, FL 34293**



01292008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0937144

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**KRUMENAKER, CYNTHIA
ANTARES GROUP, INC.
4195 S. TAMiami TL., PMB #173
VENICE, FL 34293**

**DO NOT WRITE
IN THIS SPACE**

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

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, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U000000307309
05/06/08-80003-003 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD HOWEN, SUSAN 906 BRANLEY CT VENICE, FL 34293
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD HOWEN, JIM 906 BRAMLEY CT VENICE, FL 34293
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD GRIMES, JOHN 910 BRANLEY CT VENICE, FL 34293
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:

Susan M. Howen
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/14/08
Date

Date

Daytime Phone #