


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

FILED
Jun 04, 2003 8:00 am
Secretary of State

06-04-2003 90095 043 ****61.25

DOCUMENT # <u>N99000003767</u>	
1. Entity Name <u>TERRACE HOMES OF ST. ANDREWS ASSOCIATION, INC.</u>	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <u>810 B PINEBROOK RD.</u> Suite, Apt. #, etc. <u>VENICE FL</u> City & State <u>VENICE FL</u> Zip <u>34292</u> Country	3. Mailing Address <u>C/O CAPRI PROPERTY MGMT</u> Suite, Apt. #, etc. <u>810 B PINEBROOK RD</u> City & State <u>VENICE FL</u> Zip <u>34292</u> Country
--	---

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE	4. FEI Number <u>65-0937144</u>		Applied For <input type="checkbox"/> Not Applicable
	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
	7. Name and Address of Current Registered Agent		
	Name <u>DEBBIE GREEN</u>		
	Street <u>Capri Property Management, Inc.</u>		
	<u>810 B Pinebrook Rd.</u>		
	City <u>Pinebrook Plaza</u>	Zip Code <u>Venice, FL 34292</u>	

8. The above named entity submits this statement for the purpose of changing its registered office the obligations of registered agent.

SIGNATURE Debbie Green Debbie Green 6/2/03
(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE)

FEE IS \$61.25 Initial or Amended UBR	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
--	---	--

10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>PD</u> <u>JIM HOWEN</u> <u>906 BRAMLEY CT.</u> <u>VENICE FL 34293</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>STD</u> <u>OLLIE MILLER</u> <u>909 BRAMLEY CT.</u> <u>VENICE FL 34293</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>VD</u> <u>ALICE CARROLL</u> <u>903 BRAMLEY CT.</u> <u>VENICE FL 34293</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	


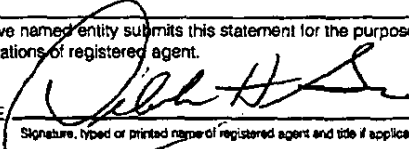
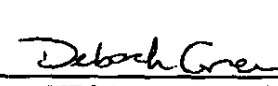
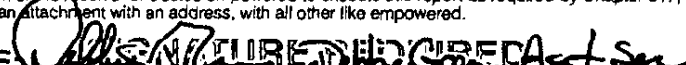

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same 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 on an attachment with an address, with all other like empowered.

SIGNATURE: Debbie Green 6/2/03 941-412-0449
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037B (12/02)

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

Mailed 5/5/03
Attachment
80124158

DOCUMENT # N99000003767					
1. Entity Name TERRACE HOMES OF ST. ANDREWS ASSOCIATION, INC.					
Principal Place of Business Green, Debbie C/O Capri Property Mgmt. Inc. 810B Pinebrook Rd. Venice, FL 34292			Mailing Address Green, Debbie C/O Capri Property Mgmt. Inc. 810B Pinebrook Rd. Venice, FL 34292		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 65-0937144	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
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 Green, Debbie C/O Capri Property Mgmt. Inc. 810B Pinebrook Rd. Venice, FL 34292		
			FL Zip Code		
8. The above named entity submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE 		SIGNATURE 		DATE 4/1/03	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)			
FILE NOW: FEE IS \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make Check Payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LATTMANN, STEPHEN E 722 SHAMROCK BLVD VENICE FL 34293	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Jim Hower 906 Bramley Ct. Venice FL 34293	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SRB V.D CARROLL, ALICE 903 BRAMLEY COURT VENICE FL 34293	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD Ollie Miller 909 Bramley Ct. Venice FL 34293	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BRADY, RICHARD 315 PINE GLEN WAY ENGLEWOOD FL 34223	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CARROLL, ALICE 903 BRAMLEY CT VENICE FL 34292	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	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 		SIGNATURE 		DATE 4/1/03	
Signature and typed or printed name of signing officer or director				Daytime Phone # 941-42-0449	

CR2E037 (10/02)