

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 18, 2007 8:00 am
Secretary of State

04-18-2007 90163 026 ****70.00

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1. Entity Name
**SECLUDED GARDENS-TERRACE HOMES
CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business

**811 UNITED ST
KEY WEST, FL 33040**

Mailing Address

**116 WARREN AVE
BALTIMORE, MD 21230**

DO NOT WRITE IN THIS SPACE



04022007 No Chg-NP

CR2E037 (4/06)

4. FEI Number
65-1000964

Applied For
Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**HOMER, ELIZABETH
811 UNITED ST UNIT 4
KEY WEST, FL 33040**

**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, 2007**

9. Election Campaign Financing
Trust Fund Contribution.



**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
HOMER, ELIZABETH L
116 WARREN AVE
BALTIMORE, MD 21230

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SD
JACKSON, BRIDGET
28 PUTNEY HILL
LONDON UNITED KINGDOM, sw156a

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TD
HOMER, LEONARD
116 WARREN AVE.
BALTIMORE, MD 21230

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/11/07

Date

410-837-3307

Daytime Phone #