

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$155 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$365)**

NONPROFIT CORPORATION ANNUAL REPORT 1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUN 16 AM 9:00

DOCUMENT # N06071 (7)

1. Corporation Name
198 TERRACE HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
C/O ROBERT FUNK 5100 SW 198TH TERRACE FT LAUDERDALE FL 33332-1516 US	C/O ROBERT FUNK 5100 SW 198TH TERRACE FT. LAUDERDALE FL 33332-1516 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 11/08/1984	3a. Date of Last Report 08/15/1994
4. FEI Number NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	FILING FEE IS \$61.25
8. The corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
24 Zip	25 Country
28 Zip	29 Country
30	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SINGER, JOSEPH K, ESQ.
201 N. UNIVERSITY DR. #114
PLANTATION, F 33324

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes

SIGNATURE

Signature (typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	FUNK, ROBERT
STREET ADDRESS	5100 SOUTHWEST 198 TERRACE
CITY - ST - ZIP	FORT LAUDERDALE FL
TITLE	SD
NAME	HARTMANN, BOB
STREET ADDRESS	5441 SOUTHWEST 198 TERRACE
CITY - ST - ZIP	FORT LAUDERDALE FL
TITLE	TD
NAME	HARTMAN, NANCY
STREET ADDRESS	6441 SOUTHWEST 198 TERRACE
CITY - ST - ZIP	FORT LAUDERDALE FL
TITLE	D
NAME	CHWODHURY, TAUFLOUL
STREET ADDRESS	4928 SOUTHWEST 198 TERRACE
CITY - ST - ZIP	FORT LAUDERDALE FL
TITLE	D
NAME	LUCK, MARILYN
STREET ADDRESS	4921 SOUTHWEST 198TH TERRACE
CITY - ST - ZIP	FORT LAUDERDALE FL
TITLE	D
NAME	ALESHIRE, CHARLES
STREET ADDRESS	4030 SOUTHWEST 198 TERRACE
CITY - ST - ZIP	FORT LAUDERDALE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/5/95 3054347910
Date (Month/Year)

CR2E037 (3/95)