


FILE NOW: FILING FEE IS \$61.25

FILED
May 17, 1999 8:00 am
Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # N06071 (7) ✓ 1. Corporation Name 198 TERRACE HOMEOWNERS ASSOCIATION, INC.		



Principal Place of Business GISELA SALAS	Mailing Address GISELA SALAS
2. Principal Place of Business 21 4839 SW 148 Ave	2a. Mailing Address 26 4839 SW 148 Ave
Suite, Apt. #, etc. 22 410	Suite, Apt. #, etc. 27 410
City & State 23 Ft. Lauderdale	City & State 28 Ft. Lauderdale
Zip 24 33330	Country 25 USA
Zip 29 33330	Country 30 USA

3. Date Incorporated or Qualified 11/08/1984		
4. FEI Number NOT APPLICABLE	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
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. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

9. Name and Address of Current Registered Agent HARTMANN, ROBERT J 5441 SW 198 TER. FORT LAUDERDALE FL 33332	
81 Name GISELA SALAS	82 Street Address (P.O. Box Number is Not Acceptable) 4839 SW 148 Avenue
83 Suite # 410	
84 City Ft. Lauderdale	85 Zip Code FL 33330

10. Name and Address of New Registered Agent	
81 Name GISELA SALAS	82 Street Address (P.O. Box Number is Not Acceptable) 4839 SW 148 Avenue
83 Suite # 410	
84 City Ft. Lauderdale	85 Zip Code FL 33330

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: Gisela Salas DATE: **4/26/99**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	SALAS, GISELA <input type="checkbox"/> DELETE	1.1 TITLE D	QUINTANA, MARLENE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	5300 SW 198TH TERRACE	1.2 NAME	4810 SW 198 TERRACE
STREET ADDRESS	FORT LAUDERDALE FL 33332	1.3 STREET ADDRESS	FORT LAUDERDALE, FL 33332
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE SD	LUCK, MARILYN <input type="checkbox"/> DELETE	2.1 TITLE D	VELLA, ANTHONY <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	4921 SW 198TH TERRACE	2.2 NAME	4808 SW 118 Terrace
STREET ADDRESS	FORT LAUDERDALE FL 33332	2.3 STREET ADDRESS	FORT LAUDERDALE, FL 33330
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE TD	FUNK, MARCIA <input checked="" type="checkbox"/> DELETE	3.1 TITLE TD	HENNESSY, FRAN <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	5100 SW 198TH TERRACE	3.2 NAME	5350 SW 198 TERRACE
STREET ADDRESS	FORT LAUDERDALE FL 33332	3.3 STREET ADDRESS	FORT LAUDERDALE, FL 33332
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE D	CHWODHURY, TAUFLQUL <input type="checkbox"/> DELETE	4.1 TITLE D	HENNESSY, JOHN <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	4928 SOUTHWEST 198 TERRACE	4.2 NAME	5350 SW 198 TERRACE
STREET ADDRESS	FORT LAUDERDALE FL 33332	4.3 STREET ADDRESS	FORT LAUDERDALE, FL 33332
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE D	ALESHIRE, CHARLES <input type="checkbox"/> DELETE	5.1 TITLE	
NAME	4930 SOUTHWEST 198TH TERRACE	5.2 NAME	
STREET ADDRESS	FORT LAUDERDALE FL 33332	5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> DELETE	6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 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: Gisela Salas **GISELA SALAS** DATE: **4/26/99** DAYTIME PHONE: **(305) 375-3194**

CR2E037 (10/97)