


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2005 8:00 am
Secretary of State

01-14-2005 90012 021 ****61.25

DOCUMENT # N06071

1. Entity Name
 198 TERRACE HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business
 5350 SW 198 TERRACE
 SOUTHWEST RANCHES, FL 33332 US

Mailing Address
 5350 SW 198 TERRACE
 SOUTHWEST RANCHES, FL 33332 US

50002830



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip Country

Zip Country

01102005 Chg-NP CR2E037 (10/03)

4. FEI Number
 NOT APPLICABLE

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

HENNESSY, FRANCINE
 5350 SW 198 TERRACE
 SOUTHWEST RANCHES, FL 33332

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL Zip Code

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: FRANCINE HENNESSY

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, 2005

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	HENNESSY, JOHN	
STREET ADDRESS	5350 SW 198 TERRACE	
CITY-ST-ZIP	SOUTHWEST RANCHES, FL 33332	
TITLE	D	<input type="checkbox"/> Delete
NAME	LUCK, MARILYN	
STREET ADDRESS	4921 SW 198TH TERRACE	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33332	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	HENNESSY, FRANCINE	
STREET ADDRESS	5350 SW 198 TERRACE	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33332	
TITLE	TD	<input type="checkbox"/> Delete
NAME	THOMPSON, CARMEN	
STREET ADDRESS	5900 SW 198 TERRACE	
CITY-ST-ZIP	SOUTHWEST RANCHES, FL 33332	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	MAUZY, NORA	
STREET ADDRESS	5210 S 198 TERRACE	
CITY-ST-ZIP	SOUTHWEST RANCHES, FL 33332	
TITLE	D	<input type="checkbox"/> Delete
NAME	VANIK, JOHN	
STREET ADDRESS	5300 SW 198 TERRACE	
CITY-ST-ZIP	SOUTHWEST RANCHES, FL 33332	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Charlie Aleshire, P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	4930 S.W. 198 Terrace	
CITY-ST-ZIP	Southwest Ranches, FL 33332	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Suzy Aleshire, S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	4930 S.W. 198 Terrace	
CITY-ST-ZIP	Southwest Ranches, FL 33332	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Carmen L. Thompson, Treasurer *Carmen L. Thompson* 1/10/05 (305) 579-0500, Ext.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT

NO6071

50002830

Add:

Nora Mauzy
5210 S.W. 198 Terrace
Southwest Ranches, FL 33332