

**2018 FLORIDA NOT FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# N06071

**FILED**  
**Oct 08, 2018**  
**Secretary of State**  
**CR0456568823**

**Entity Name:** 198 TERRACE HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

5300 SW 198 TERRACE  
SOUTHWEST RANCHES, FL 33332

**Current Mailing Address:**

5300 SW 198 TERRACE  
SOUTHWEST RANCHES, FL 33332 US

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** Yes

**Name and Address of Current Registered Agent:**

VANIK, JOHN  
5300 SW 198 TERR  
SOUTHWEST RANCHES, FL 33332 US

*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.*

**SIGNATURE:** JOHN VANIK

10/08/2018

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title SECRETARY  
Name BIDDINGS, KEITH  
Address 5941 SW 198 TERRACE  
City-State-Zip: SOUTHWEST RANCHES FL 33332

Title TREASURER  
Name ALESHIRE, SUSAN  
Address 4930 SW 198TH TERRACE  
City-State-Zip: FORT LAUDERDALE FL 33332

Title DIRECTOR  
Name ALESHIRE, CHARLIE P  
Address 4930 S.W. 198 TERRACE  
City-State-Zip: SOUTHWEST RANCHES FL 33332

Title DIRECTOR  
Name EGRET, JOHN  
Address 5001 SW 198 TERRACE  
City-State-Zip: SOUTHWEST RANCHES FL 33332

Title DIRECTOR  
Name HARTMANN, BOB  
Address 5441 S.W. 198 TERRACE  
City-State-Zip: SOUTHWEST RANCHES FL 33332

Title DIRECTOR  
Name HIBBERT, CONRAD  
Address 5400 SW 198 TERRACE  
City-State-Zip: SOUTHWEST RANCHES FL 33332

Title DIRECTOR  
Name PARETS, OMAR  
Address 5211 SW 198 TERR  
City-State-Zip: SOUTHWEST RANCHES FL 33332

Title PRESIDENT  
Name VANIK, JOHN  
Address 5300 SW 198 TERR  
City-State-Zip: SOUTHWEST RANCHES FL 33332

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** SUSAN ALESHIRE

**TREASURER**

10/08/2018

Electronic Signature of Signing Officer/Director Detail

Date