

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N92000000009

**Entity Name:** TERRACE OAKS OF HILLSBOROUGH COUNTY HOMEOWNERS ASSOCIATION, INC.

**FILED**  
**Apr 08, 2024**  
**Secretary of State**  
**9042083817CC**

**Current Principal Place of Business:**

5844 OLD PASCO ROAD  
SUITE 100  
WESLEY CHAPEL, FL 33544

**Current Mailing Address:**

3434 COLWELL AVE  
UNIT 200  
TAMPA, FL 33614 US

**FEI Number: 59-3166316**

**Certificate of Status Desired: No**

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

RIZZETTA & COMPANY, INC.  
3434 COLWELL AVE.  
SUITE 200  
TAMPA, FL 33614 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: SAMANTHA RICHTER**

**04/08/2024**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            MORALES, HECTOR  
Address        5844 OLD PASCO ROAD  
                  SUITE 100  
City-State-Zip: WESLEY CHAPEL FL 33544

Title            TREASURER  
Name            MUKAYED-GAMEZ, AMEERAH  
Address        5844 OLD PASCO ROAD  
                  SUITE 100  
City-State-Zip: WESLEY CHAPEL FL 33544

Title            VP  
Name            BOND, JOHN  
Address        5844 OLD PASCO RD.  
                  100  
City-State-Zip: WESLEY CHAPEL FL 33544

Title            SECRETARY  
Name            CRONIN, JOHN D  
Address        5844 OLD PASCO ROAD  
                  SUITE 100  
City-State-Zip: WESLEY CHAPEL FL 33544

Title            BOARD MEMBER  
Name            LEBRON, EDGAR  
Address        5844 OLD PASCO ROAD  
                  SUITE 100  
City-State-Zip: WESLEY CHAPEL FL 33544

*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: HECTOR MORALES**

**PRESIDENT**

**04/08/2024**

Electronic Signature of Signing Officer/Director Detail

Date