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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 701867 (4)
1. Corporation Name
MARINE TERRACE ASSOCIATION, INC.

Principal Place of Business 401 NORTH RIVERSIDE DR POMPANO BEACH FL 33062	Mailing Address 401 NORTH RIVERSIDE DR POMPANO BEACH FL 33062
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 01/02/1961	3a. Date of Last Report 02/28/1994
4. FEI Number 59-0915107	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"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

9. Name and Address of Current Registered Agent

**BETTER ACCOUNTING INC.
BAKERJIAN, JERRY - ACCOUNTANT
1591 E. ATLANTIC BLVD., SUITE #200
POMPANO BEACH FL 33060**

10. Name and Address of New Registered Agent

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

FL

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when relating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	CAMPBELL, JOHN
STREET ADDRESS	401 N RIVERSIDE DR
CITY - ST - ZIP	POMPANO BEACH FL
TITLE	VD
NAME	VOZELLA, FRANK
STREET ADDRESS	401 N. RIVERSIDE DR.
CITY - ST - ZIP	POMPANO BCH, FL 00000
TITLE	TD
NAME	GRAY, POLLY
STREET ADDRESS	401 N RIVERSIDE DR
CITY - ST - ZIP	POMPANO BCH, FL 00000
TITLE	D
NAME	BRACKE, WARREN, E
STREET ADDRESS	401 N RIVERSIDE DR
CITY - ST - ZIP	POMPANO BCH, FL 00000
TITLE	S
NAME	KERSHAW, ADRIENNE
STREET ADDRESS	401 N RIVERSIDE DR
CITY - ST - ZIP	POMPANO BCH, FL 00000
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	BOIVIN, PHILLIP	
1.3 STREET ADDRESS	401 N RIVERSIDE DR	
1.4 CITY - ST - ZIP	POMPANO BEACH FL	
2.1 TITLE	VD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	PASS, EDWARD M.	
2.3 STREET ADDRESS	401 N RIVERSIDE DR	
2.4 CITY - ST - ZIP	POMPANO BEACH FL	
3.1 TITLE	TD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	LACHAPPELLE, GERARD	
3.3 STREET ADDRESS	401 N RIVERSIDE DR	
3.4 CITY - ST - ZIP	POMPANO BEACH FL	
4.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	DEVENY, JOHN	
4.3 STREET ADDRESS	401 N RIVERSIDE DR	
4.4 CITY - ST - ZIP	POMPANO BEACH FL	
5.1 TITLE	S	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	RUMIANOWSKI, MARY	
5.3 STREET ADDRESS	401 N RIVERSIDE DR	
5.4 CITY - ST - ZIP	POMPANO BEACH FL	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 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 119.07(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: Gerard Lachapelle **GERARD LACHAPELLE** **02/27/95** **305-946-9265**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #