

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 701867 (4)

1. Corporation Name

MARINE TERRACE ASSOCIATION, INC.



Principal Place of Business

Mailing Address

401 NORTH RIVERSIDE DR  
POMPANO BEACH FL 33062

401 NORTH RIVERSIDE DR  
POMPANO BEACH FL 33062

3. Date Incorporated or Qualified  
01/02/1961

3a. Date of Last Report  
03/02/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number  
59-0915107

Applied For  
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

5. Certificate of Status Desired

\$8.75 Additional Fee Required

City & State

City & State

23

28

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

Zip

Country

Zip

Country

24

25

29

30

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name

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

83

84 City

FL

85 Zip Code

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

Signature, typed or printed name of registered agent, and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input type="checkbox"/> DELETE
NAME	BOVIN, PHILLIP	
STREET ADDRESS	401 N. RIVERSIDE DR.	
CITY-ST-ZIP	POMPANO BEACH FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	PASS, EDWARD M.	
STREET ADDRESS	401 N. RIVERSIDE DR.	
CITY-ST-ZIP	POMPANO BCH, FL 00000	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	LACHAPPELLE, GERARD	
STREET ADDRESS	401 N RIVERSIDE DR	
CITY-ST-ZIP	POMPANO BCH, FL 00000	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DEVENY, JOHN	
STREET ADDRESS	401 N RIVERSIDE DR	
CITY-ST-ZIP	POMPANO BCH, FL 00000	
TITLE	S	<input type="checkbox"/> DELETE
NAME	RUMIANOWSKI, MARY	
STREET ADDRESS	401 N RIVERSIDE DR	
CITY-ST-ZIP	POMPANO BCH, FL 00000	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	JOHN DEVENEY	
1.3 STREET ADDRESS	1101 N. RIVERSIDE DR	
1.4 CITY-ST-ZIP	POMPANO BEACH, FL 33062	
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 33062	
3.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	MAUREN BRADY	
3.3 STREET ADDRESS	401 N. RIVERSIDE DR.	
3.4 CITY-ST-ZIP	POMPANO BEACH, FL 33062	
4.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	McDONALD, CAROLYN	
4.3 STREET ADDRESS	401 N. RIVERSIDE DR.	
4.4 CITY-ST-ZIP	POMPANO BEACH, FL 33062	
5.1 TITLE	Sec.	<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 33062	
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: Mary Rumianowski MARY RUMIANOWSKI

2/17/96

785-0592

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)