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May 20 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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 401 NORTH RIVERSIDE DR
POMPANO BEACH FL 33062 POMPANO BEACH FL 33062-5016

3. Date Incorporated or Qualified 01/02/1961 3a. Date of Last Report 02/26/1996

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 25 29 30

4. FEI Number 59-0915107 Applied For Not Applicable

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

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

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 SMITH, ROBERT
82 Street Address (P.O. Box Number is Not Acceptable) 3170 N FEDERAL HWY STE 100
83
84 City LIGHTHOUSE POINT FL 85 Zip Code 33064

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 Robert H. Smith (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD	<input checked="" type="checkbox"/> DELETE
NAME DEVENEY, JOHN	
STREET ADDRESS 401 N RIVERSIDE DR	
CITY-ST-ZIP POMPANO BEACH FL	
TITLE VD	<input checked="" 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 BRADY, MAUREEN	
STREET ADDRESS 401 N RIVERSIDE DR	
CITY-ST-ZIP POMPANO BCH, FL 00000	
TITLE D	<input type="checkbox"/> DELETE
NAME MCDONALD, CAROLYN	
STREET ADDRESS 401 N RIVERSIDE DR	
CITY-ST-ZIP POMPANO BCH, FL 00000	
TITLE S	<input checked="" 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 type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME NISIYOCCIA, BARBARA	
1.3 STREET ADDRESS 401 N RIVERSIDE DRIVE	
1.4 CITY-ST-ZIP POMPANO BEACH FL 33062	
2.1 TITLE V	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME SMITH, ROBERT H	
2.3 STREET ADDRESS 3170 N FEDERAL HWY STE 100	
2.4 CITY-ST-ZIP LIGHTHOUSE POINT FL 33064	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
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 does not qualify for the exemption stated in Section 119.07(3)(i), 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 [Handwritten Signature]

CR2E037 (9/96)