


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90502 010 ****61.25

DOCUMENT # 701867			
1. Entity Name MARINE TERRACE ASSOCIATION, INC.			
Principal Place of Business 401 N. RIVERSIDE DRIVE POMPAÑO BEACH, FL 33062		Mailing Address 3170 N. FEDERAL HIGHWAY SUITE 100 LIGHTHOUSE POINT, FL 33064	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent SMITH, ROBERT H 3170 N FEDERAL HWY SUITE 100 LIGHTHOUSE POINT, FL 33064		7. Name and Address of New Registered Agent Name COREA, MICHAEL BABALON PROPERTY MGT Street Address (P.O. Box Number is Not Acceptable) MARINE TERRACE 401 NORTH OCEAN BLVD City POMPAÑO BEACH FL Zip Code 33062	
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE <i>Michael J. Corea</i> x 4-26-05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BUONGERMINO, JANIS 401 N. RIVERSIDE DRIVE, APT. 101 POMPAÑO BEACH, FL 33062 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT FARMER, JAMES 401 N. RIVERSIDE DR. POMPAÑO BEACH, FL 33062 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TRIPP, MARIE 401 N. RIVERSIDE DR., UNIT 503 POMPAÑO BEACH, FL 33062 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT WERTH, JOANNE 677 WURLITZER DR. N. TONAWANDA, NY 14120 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D O'HANIAN, HUNTER 29 BAYBERRY AVENUE PROVINCETOWN, MA 02657 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY D'AMICO, ARLENE 401 N. RIVERSIDE DR. POMPAÑO BEACH, FL 33062 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT CAPONE, JOHN 401 N RIVERSIDE DR #302 POMPAÑO BEACH, FL 33062 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER CASTELLANE, ELLEN 401 N. RIVERSIDE DR. POMPAÑO BEACH, FL 33062 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WERTH, JO ANN 677 WURLITZER DRIVE N. TONAWANDA, NY 14120 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR BERGER, ALLEN 401 N. RIVERSIDE DR. POMPAÑO BEACH, FL 33062 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M SMITH, ROBERT H 3170 N. FEDERAL HIGHWAY, SUITE 100 LIGHTHOUSE POINT, FL 33064 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <i>Ellen Castellane</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date <i>4/27/05</i> Daytime Phone # <i>951-816-4696</i>	