


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 24, 2006 8:00 am**  
**Secretary of State**

04-24-2006 90392 023 \*\*\*\*61.25

**DOCUMENT # 701867**

1. Entity Name  
**MARINE TERRACE ASSOCIATION, INC.**




Principal Place of Business  
**401 N. RIVERSIDE DRIVE  
 POMPANO BEACH, FL 33062**

Mailing Address  
**3170 N. FEDERAL HIGHWAY  
 SUITE 100  
 LIGHTHOUSE POINT, FL 33064**

2. Principal Place of Business  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

3. Mailing Address  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

4005100-



04212006 Chg-NP CR2E037 (11/05)

4. FEI Number  
**59-0915107**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**COREA, MICHAEL  
 MARINE TERRACE  
 401 NORTH OCEAN BLVD  
 POMPANO BEACH, FL 33062**

7. Name and Address of New Registered Agent

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

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 *Michael J Corea*  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is **\$61.25** Due by **May 1, 2006**

9. Election Campaign Financing Trust Fund Contribution.  **\$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 P	FARMER, JAMES 401 N. RIVERSIDE DR. POMPANO BEACH, FL 33062	TITLE VP	ELLEN CASTELANE 401 N. RIVERSIDE DRIVE POMPANO BEACH, FL, 33062
NAME	FARMER, JAMES	NAME	ELLEN CASTELANE
STREET ADDRESS	401 N. RIVERSIDE DR.	STREET ADDRESS	401 N. RIVERSIDE DRIVE
CITY-ST-ZIP	POMPANO BEACH, FL 33062	CITY-ST-ZIP	POMPANO BEACH, FL, 33062
TITLE VP	WERTN, JOANNE 677 WURLITZER DR NORTH TONAWANDA, NY 14120	TITLE SECRETARY	HUNTER O'HANRAH 401 N. RIVERSIDE DRIVE POMPANO BEACH, FL, 33062
NAME	WERTN, JOANNE	NAME	HUNTER O'HANRAH
STREET ADDRESS	677 WURLITZER DR	STREET ADDRESS	401 N. RIVERSIDE DRIVE
CITY-ST-ZIP	NORTH TONAWANDA, NY 14120	CITY-ST-ZIP	POMPANO BEACH, FL, 33062
TITLE S	D'AMICO, ARLENE 401 N. RIVERSIDE DR. POMPANO BEACH, FL 33062	TITLE TREASURER	ALAN BERGER 401 N. RIVERSIDE DRIVE POMPANO BEACH, FL, 33062
NAME	D'AMICO, ARLENE	NAME	ALAN BERGER
STREET ADDRESS	401 N. RIVERSIDE DR.	STREET ADDRESS	401 N. RIVERSIDE DRIVE
CITY-ST-ZIP	POMPANO BEACH, FL 33062	CITY-ST-ZIP	POMPANO BEACH, FL, 33062
TITLE T	CASTELANE, ELLEN 401 N. RIVERSIDE DR. POMPANO BEACH, FL 33062	TITLE DIRECTOR	THEODORE WEINBERG 401 N. RIVERSIDE DRIVE POMPANO BEACH, FL, 33062
NAME	CASTELANE, ELLEN	NAME	THEODORE WEINBERG
STREET ADDRESS	401 N. RIVERSIDE DR.	STREET ADDRESS	401 N. RIVERSIDE DRIVE
CITY-ST-ZIP	POMPANO BEACH, FL 33062	CITY-ST-ZIP	POMPANO BEACH, FL, 33062
TITLE D	WERTH, JO ANN 677 WURLITZER DRIVE N. TONAWANDA, NY 14120	TITLE	
NAME	WERTH, JO ANN	NAME	
STREET ADDRESS	677 WURLITZER DRIVE	STREET ADDRESS	
CITY-ST-ZIP	N. TONAWANDA, NY 14120	CITY-ST-ZIP	
TITLE D	BERGER, ALLEN 401 N. RIVERSIDE DR. POMPANO BEACH, FL 33062	TITLE	
NAME	BERGER, ALLEN	NAME	
STREET ADDRESS	401 N. RIVERSIDE DR.	STREET ADDRESS	
CITY-ST-ZIP	POMPANO BEACH, FL 33062	CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *Ellen Castelane*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: *4-21-06* Daytime Phone #: *954-553-1102*