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Mar 09 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # N01075 (3)
1. Corporation Name
MARINE TERRACE CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business Mailing Address
1018 NO. ATLANTIC AVENUE DAYTONA BEACH FL 32118-3627
1018 NO. ATLANTIC AVENUE DAYTONA BEACH FL 32118-3627

3. Date Incorporated or Qualified
01/24/1984
4. FEI Number
59-2860553
Applied For
Not Applicable

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Zip
24 Country 25 Country 29 Country 30 Country

5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? Yes No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent
PARISSI, LEWIS A.
1074 E. FRENCH AVE.
ORANGE CITY FL 32763

10. Name and Address of New Registered Agent
81 Name
WALTER BAKER
82 Street Address (P.O. Box Number Is Not Acceptable)
2960 RANCHETTE SQ
83
84 City
GULF BREEZE FL 85 Zip Code
32561

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 Walter R Baker DATE 2/24/98
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS	
TITLE	P <input checked="" type="checkbox"/> DELETE
NAME	PARISSI, LEWIS A.
STREET ADDRESS	1074 E. FRENCH AVE.
CITY-ST-ZIP	ORANGE CITY FL
TITLE	VP <input checked="" type="checkbox"/> DELETE
NAME	RIDGARD, CURTIS
STREET ADDRESS	1575 AVIATION CENTER PKWY., #408
CITY-ST-ZIP	DAYTONA BEACH FL
TITLE	TD <input checked="" type="checkbox"/> DELETE
NAME	CORTESE, JAMES
STREET ADDRESS	117 POWER HORN CT
CITY-ST-ZIP	DAYTONA BEACH FL
TITLE	SD <input checked="" type="checkbox"/> DELETE
NAME	SIMMONS, MARY
STREET ADDRESS	2649 RENTZ RD
CITY-ST-ZIP	JACKSONVILLE FL
TITLE	D <input type="checkbox"/> DELETE
NAME	CREEKMORE, WILLIAM
STREET ADDRESS	2478 FIELDINGWOOD ROAD
CITY-ST-ZIP	MAITLAND FL 32751-3633
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	BAKER, WALTER
STREET ADDRESS	2960 RANCHETTE SQ.
CITY-ST-ZIP	GULF BREEZE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	WALTER BAKER
1.3 STREET ADDRESS	2960 RANCHETTE SQ
1.4 CITY-ST-ZIP	GULF BREEZE, FL
2.1 TITLE	VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	DOUGLAS R DUCKETT
2.3 STREET ADDRESS	225 RIVERBEND RD
2.4 CITY-ST-ZIP	ORMOND BEACH, FL
3.1 TITLE	S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	GUY MOSTELLER
3.3 STREET ADDRESS	9225 SW 19TH AVE
3.4 CITY-ST-ZIP	OCALA, FL
4.1 TITLE	T <input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	JAMES CORTESE
4.3 STREET ADDRESS	117 POWDERHORN COURT
4.4 CITY-ST-ZIP	DAYTONA BEACH, FL
5.1 TITLE	P <input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	CURTIS RIDGARD
5.3 STREET ADDRESS	1575 AVIATION CTR PKWY #408
5.4 CITY-ST-ZIP	DAYTONA 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 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: Walter R Baker DATE: 2/24/98

CR2037 (10/97)