

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 31, 2001 8:00 am**  
**Secretary of State**  
 01-31-2001 90067 028 \*\*\*\*70.00

**DOCUMENT # N01075**

1. Entity Name

**MARINE TERRACE CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business

1018 NO. ATLANTIC AVENUE  
 DAYTONA BEACH FL 32118-3627

Mailing Address

1018 NO. ATLANTIC AVENUE  
 DAYTONA BEACH FL 32118-3627

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-2860553**

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FEROLIE, LAWRENCE**  
**1000 WALKER ST., LOT 338**  
**HOLLY HILL FL 32117**

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.

SIGNATURE

*Lawrence Ferolie*

**LAWRENCE FEROLIE, PRESIDENT**

**1-22-01**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:**  
**FEE IS \$61.25**

9. Election Campaign Financing  
 Trust Fund Contribution. ☐

**\$5.00** May Be  
 Added to Fees

**Make Check Payable to**  
**Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Delete  
 NAME **BAKER, WALTER**  
 STREET ADDRESS **2960 RANCHETTE SQ**  
 CITY-ST-ZIP **GULF BREEZE FL 32561**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **P** ☐ Delete  
 NAME **FEROLIE, LAWRENCE**  
 STREET ADDRESS **1000 WALKER ST., LOT 338**  
 CITY-ST-ZIP **HOLLY HILL FL 32117-2559**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **D** ☒ Delete  
 NAME **MOSTELLER, GUY**  
 STREET ADDRESS **9225 SW 19TH AVENUE**  
 CITY-ST-ZIP **OCALA FL 32676-7528**

TITLE **VP** ☐ Change ☒ Addition  
 NAME **GENNARELLI, FRANK**  
 STREET ADDRESS **761 S. LAKE CLAIRE CIR.**  
 CITY-ST-ZIP **OVIEDO, FL 32765**

TITLE **T** ☐ Delete  
 NAME **CORTESE, JAMES**  
 STREET ADDRESS **117 POWDERHORN COURT**  
 CITY-ST-ZIP **DAYTONA BEACH FL**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **VP** ☐ Delete  
 NAME **PARISSI, LEWIS**  
 STREET ADDRESS **1074 E. FRENCH AVE.**  
 CITY-ST-ZIP **ORANGE CITY, FL 32763-5404**

TITLE **D** ☒ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **S** ☐ Delete  
 NAME **BUFKIN, BOBBY**  
 STREET ADDRESS **425 E. PAGE ST**  
 CITY-ST-ZIP **ORLANDO FL 32806-4045**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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:

*Lawrence Ferolie* **LAWRENCE FEROLIE** **1-22-01** **(904)253-2000**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **PRESIDENT** Date Daytime Phone #

CR2E037 (10/00)

attachment

#NO1075/00011373

Document# NO1075

**10. OFFICERS AND DIRECTORS**

Title: **D**  
Name: Tighe, Michael  
Address: 808 Pelican Bay Drive  
Daytona Beach, FL 32114