

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 07, 2002 8:00 am
Secretary of State

02-07-2002 90075 019 *****70.00

DOCUMENT # N01075

1. Entity 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**

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
 Board President**

1-22-02

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	<input type="checkbox"/> Delete
NAME	BAKER, WALTER	
STREET ADDRESS	2960 RANCHETTE SQ	
CITY-ST-ZIP	GULF BREEZE FL 32561	
TITLE	P	<input type="checkbox"/> Delete
NAME	FEROLIE, LAWRENCE	
STREET ADDRESS	1000 WALKER ST., LOT 338	
CITY-ST-ZIP	HOLLY HILL FL 32117-2559	
TITLE	VP	<input type="checkbox"/> Delete
NAME	GENNARELLI, FRANK	
STREET ADDRESS	761 S. LAKE CLARIE CIR	
CITY-ST-ZIP	OVEDO FL 32765	
TITLE	T	<input type="checkbox"/> Delete
NAME	CORTESE, JAMES	
STREET ADDRESS	117 POWDERHORN COURT	
CITY-ST-ZIP	DAYTONA BEACH FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	PARISSI, LEWIS	
STREET ADDRESS	1074 E. FRENCH AVE.	
CITY-ST-ZIP	ORANGE CITY, FL 32763-5404	
TITLE	S	<input type="checkbox"/> Delete
NAME	BUFKIN, BOBBY	
STREET ADDRESS	425 E. PAGE ST	
CITY-ST-ZIP	ORLANDO FL 32806-4045	

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Michael K. Tighe	
STREET ADDRESS	808 Pelican Bay Drive	
CITY-ST-ZIP	Daytona Beach, FL 32114	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 or other like empowered.

SIGNATURE: *Lawrence Ferolie* **Lawrence Ferolie**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Board President 1-22-02 (386)253-2000**

Date Daytime Phone #

CR2E037 (9/01)