


**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 29, 2004 8:00 am**  
**Secretary of State**

04-29-2004 90361 042 \*\*\*\*70.00

**DOCUMENT # N01075**

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

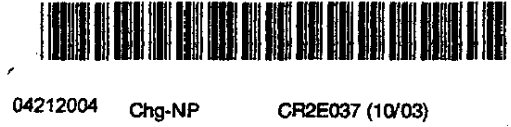


Principal Place of Business  
**1018 NO. ATLANTIC AVENUE  
 DAYTONA BEACH, FL 32118-3627**

Mailing Address  
**1018 NO. ATLANTIC AVENUE  
 DAYTONA BEACH, FL 32118-3627**

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

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



6. Name and Address of Current Registered Agent  
**FEROLIE, LAWRENCE  
 1000 WALKER ST., LOT 338  
 HOLLY HILL, FL 32117**

7. Name and Address of New Registered Agent  
 Name **LEWIS PARISSI**  
 Street Address (P.O. Box Number is Not Acceptable)  
**1074 E. FRENCH AVENUE**  
 City **ORANGE CITY** FL Zip Code **32763**

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 *Lewis Parisi* DATE **4-27-04**

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

**Filing Fee is \$61.25  
 Due by May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**Makes check payable to  
 Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	REED, JEFFREY	
STREET ADDRESS	3764 BRANTLEY PL CIR.	
CITY-ST-ZIP	APOPKA, FL 32703	
TITLE	P	<input type="checkbox"/> Delete
NAME	FEROLIE, LAWRENCE	
STREET ADDRESS	1000 WALKER ST., LOT 338	
CITY-ST-ZIP	HOLLY HILL, FL 321172559	
TITLE	VP	<input type="checkbox"/> Delete
NAME	GENNARELLI, FRANK	
STREET ADDRESS	761 S. LAKE CLARIE CIR	
CITY-ST-ZIP	OVIEDO, FL 32765	
TITLE	T	<input checked="" 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 327635404	
TITLE	S	<input type="checkbox"/> Delete
NAME	BUFKIN, BOBBY	
STREET ADDRESS	425 E. PAGE ST	
CITY-ST-ZIP	ORLANDO, FL 328064045	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FEROLIE, LAWRENCE	
STREET ADDRESS	5869 WOODPOINT TERR.	
CITY-ST-ZIP	PORT ORANGE, FL 32128	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RIDGARD, CURTIS	
STREET ADDRESS	140 BEECHWOOD LN.	
CITY-ST-ZIP	PALM COAST, FL 32137-8627	
TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PARISSI, LEWIS	
STREET ADDRESS	1074 E. FRENCH AVE.	
CITY-ST-ZIP	ORANGE CITY, FL 32763-5404	
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 all other like empowered.

SIGNATURE: *Lewis Parisi* DATE: **4-27-04**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ADDITION TO OFFICERS AND DIRECTORS

11. TITLE:

D

NAME:

TIGHE, MICHAEL

STREET ADDRESS:

808 PELICAN BAY DRIVE

CITY-ST-ZIP:

DAYTONA BEACH, FL 32114

Attachment

~~44040359~~

# PD1075