

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 01, 2005 8:00 am
Secretary of State

04-01-2005 90020 013 ****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 <input type="checkbox"/> Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
PARISSI, LEWIS 1074 E. FRENCH AVE ORANGE CITY, FL 32763		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 <i>X Lewis L. Parissi</i>		DATE 3-28-05	
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, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REED, JEFFREY	NAME	
STREET ADDRESS	3764 BRANTLEY PL CIR.	STREET ADDRESS	
CITY-ST-ZIP	APOPKA, FL 32703	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FEROLIE, LAWRENCE	NAME	
STREET ADDRESS	5869 WOODPOINT TERR.	STREET ADDRESS	
CITY-ST-ZIP	PORT ORANGE, FL 32128	CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GENNARELLI, FRANK	NAME	
STREET ADDRESS	761 S. LAKE CLARIE CIR	STREET ADDRESS	
CITY-ST-ZIP	OVIEDO, FL 32765	CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RIDGARD, CURTIS	NAME	
STREET ADDRESS	140 BEECH WOOD LN	STREET ADDRESS	
CITY-ST-ZIP	PALM COAST, FL 321378627	CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PARISSI, LEWIS	NAME	
STREET ADDRESS	1074 E. FRENCH AVE.	STREET ADDRESS	
CITY-ST-ZIP	ORANGE CITY, FL 327635404	CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUFKIN, BOBBY	NAME	
STREET ADDRESS	425 E. PAGE ST	STREET ADDRESS	
CITY-ST-ZIP	ORLANDO, FL 328064045	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: <i>X Lewis L. Parissi</i>		DATE 3-28-05	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

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03232005 Chg-NP CR2E037 (10/03)

D
Carpenter, Mikel
218 Annie St.
Orlando, FL 32806

ATTACHMENT
#N01075
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