

FILE NOW: FILING FEE IS \$61.25

FILED
Mar 18 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997

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

DOCUMENT # **N42374**

1. Corporation Name
TERRA MAR Island Civic Assn Inc.
P.O. Box 2584
POMPANO BEACH FL. 33072-2584

Principal Place of Business
P.O. Box 2584
Pompano Beach FL. 33072

Mailing Address
P.O. Box 2584
Pompano Beach FL. 33072

2. Principal Place of Business
21 1500 W. TERRA MAR DR.

2a. Mailing Address
26 Same as above

22 Suite, Apt. #, etc.
27

23 City & State
Pompano Beach FL

28 City & State
29

24 Zip
33062

25 Country
BROWARD

29 Zip
30

Country
FL

3. Date Incorporated or Qualified
1991

3a. Date of Last Report
1996

4. FEI Number
65-0275559

Applied For
☐ Not Applicable

5. Certificate of Status Desired
☐ **\$8.75 Additional Fee Required**

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes
☐ Yes ☒ No

9. Name and Address of Current Registered Agent
FERRAT FRED OMER
1500 W. TERRA MAR DR.
POMPANO BEACH, FL. 33062

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83

84 City
FL

85 Zip Code
3-10-97

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
FERRAT FRED OMER
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. PRESIDENT/OFFICERS AND DIRECTORS

TITLE
CHARLES CLARK ☐ DELETE

NAME
1915 E. Terra Mar Dr.

STREET ADDRESS
Pompano Beach FL. 33062

CITY-ST-ZIP

TITLE
VICE PRESIDENT/D ☐ DELETE

NAME
HERBERT GODFREY

STREET ADDRESS
1370 W. Terra Mar Dr.

CITY-ST-ZIP
Pompano Beach FL. 33062

TITLE
TREA SUER/D ☐ DELETE

NAME
Ferrat F. Omer

STREET ADDRESS
1500 W. Terra Mar Dr.

CITY-ST-ZIP
Pompano Beach FL. 33062

TITLE
SECRETARY/D ☐ DELETE

NAME
JEAN HUGHES

STREET ADDRESS
3270 Fiesta Way

CITY-ST-ZIP
Pompano Beach FL. 33062

TITLE
☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE
☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 199.032, 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: **FERRAT FRED OMER**
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date **3/10/97** Daytime Phone # **784-7452**

CR2E037 (9/96)