


FILED
Aug 25, 1999 8:00 am
Secretary of State

08-25-1999 90004 037 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N42374					
1. Corporation Name TERRA MAR ISLAND CIVIC ASSOCIATION, INC.					
Principal Place of Business 1500 W. TERRA MAR DR. POMPANO BEACH FL 33062			Mailing Address P.O. BOX 2584 POMPANO BEACH FL 33072		



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		03/04/1991	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		65-0275559	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Zip		Trust Fund Contribution	
24		29		30	

8. Name and Address of Current Registered Agent OMER, FERHAT F 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	
---	--	--	--	---	--

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
NAME	CLARK, CHARLES	1.2 NAME	HERBERT GODFREED
STREET ADDRESS	1915 E TERRA MAR DR	1.3 STREET ADDRESS	1915 W. TERRA MAR DR
CITY-ST-ZIP	POMPANO BEACH FL 33062	1.4 CITY-ST-ZIP	POMPANO BEACH FL 33062
TITLE	VPO	2.1 TITLE	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
NAME	GODFREED, HERBERT	2.2 NAME	BONNIE CLARK
STREET ADDRESS	1915 W TERRA MAR DR	2.3 STREET ADDRESS	1915 E. TERRA MAR DR
CITY-ST-ZIP	POMPANO BEACH FL 33062	2.4 CITY-ST-ZIP	POMPANO BEACH FL 33062
TITLE	TO	3.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	OMER, FERHAT	3.2 NAME	stays same
STREET ADDRESS	1500 W. TERRA MAR DR.	3.3 STREET ADDRESS	
CITY-ST-ZIP	POMPANO BEACH FL 33062	3.4 CITY-ST-ZIP	
TITLE	SD	4.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	HUGHES, JEAN	4.2 NAME	stays same
STREET ADDRESS	3270 FIESTA WAY	4.3 STREET ADDRESS	
CITY-ST-ZIP	POMPANO BEACH FL 33062	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FERHAT FRED OMER

Date

Daytime Phone #

8/21/99

954-784-7452

CR2E037 (5/99)