2000 UNIFORM BUSINESS REPORT (UBR)

, changed, or on an attachme

SIGNATURE:

with an address, with

all other like empowered.

DOCUMENT # N42374 May 22, 2000 8:00 am Secretary of State 1. Entity Name TERRA MAR ISLAND CIVIC ASSOCIATION, INC. 05-22-2000 90004 041 ****61.25 Principal Place of Business Mailing Address 1500 W. TERRA MAR DR. P.O. BOX 2584 POMPANO BEACH FL 33072-2584 POMPANO BEACH FL 33062 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0275559 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6.-Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) OMER, FERHAT F 1500 W. TERRA MAR DR. POMPANO BEACH FL 33062 Zip Code City 8. The above names entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida SIGNATURE Make Check Payable to 9. Election Campaign Financing **FILE NOW:** \$5.00 May Be Trust Fund Contribution. Added to Fees Department of State **FEE IS \$61.25** OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. ☐ Addition TITLE ☐ Change TITLE ☐ Delete NAME GODFREED, HERBERT NAME STREET ADDRESS STREET ADDRESS 1330 W TERRA MAR DR CITY-ST-ZIP CITY-ST-ZIP POMPANO BEACH FL 33062 Addition ☐ Change ☐ Delete TITLE TITLE VPD NAME NAME CLARK, BONNIE STREET ADDRESS STREET ADDRESS 1915 E TERRA MAR-DR CITY-ST-ZIP CITY-ST-ZIP POMPANO BEACH FL 33062 ☐ Change Addition ☐ Delete TD TITLE TITLE NAME NAME OMER, FERHAT STREET ADDRESS STREET ADDRESS 1500 W. TERRA MAR DR. CITY-ST-ZIP CITY-ST-ZIP POMPANO BEACH FL 33062 ☐ Addition Change SD ☐ Delete TITLE TITLE NAME HUGHES, JEAN NAME STREET ADDRES STREET ADDRESS 3270 FIESTA WAY CITY-ST-ZIE CITY-ST-ZIP POMPANO BEACH FL 33062 ☐ Addition ☐ Change TITLE ☐ Delete TITLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE NAME NAME STREET ADDRESS 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