

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90392 023 ****61.25

DOCUMENT # 701867 1. Entity Name MARINE TERRACE ASSOCIATION, INC.					
Principal Place of Business 401 N. RIVERSIDE DRIVE POMPAN0 BEACH, FL 33062			Mailing Address 3170 N. FEDERAL HIGHWAY SUITE 100 LIGHTHOUSE POINT, FL 33064		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
COREA, MICHAEL MARINE TERRACE 401 NORTH OCEAN BLVD POMPAN0 BEACH, FL 33062				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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. <div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div style="width: 40%;"> SIGNATURE <small>Signature, typed or printed name of registered agent and title if applicable.</small> </div> <div style="width: 40%; text-align: center;"> <small>(NOTE: Registered Agent signature required when reinstating)</small> </div> <div style="width: 20%; text-align: right;"> <small>DATE</small> </div> </div>					
Filing Fee is \$61.25 Due by May 1, 2006		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	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FARMER, JAMES		NAME		
STREET ADDRESS	401 N. RIVERSIDE DR.		STREET ADDRESS		
CITY-ST-ZIP	POMPAN0 BEACH, FL 33062		CITY-ST-ZIP		
TITLE	VP	<input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WERTN, JOANNE		NAME	ELLEN CASTELANE	
STREET ADDRESS	677 WURLITZER DR		STREET ADDRESS	401 N. RIVERSIDE DRIVE	
CITY-ST-ZIP	NORTH TONAWANDA, NY 14120		CITY-ST-ZIP	POMPAN0 BEACH, FL, 33062	
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	D' AMICO, ARLENE		NAME	HUNTER O'HANRAH	
STREET ADDRESS	401 N. RIVERSIDE DR.		STREET ADDRESS	401 N. RIVERSIDE DRIVE	
CITY-ST-ZIP	POMPAN0 BEACH, FL 33062		CITY-ST-ZIP	POMPAN0 BEACH, FL, 33062	
TITLE	T	<input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CASTELANE, ELLEN		NAME	ALAN BERGER	
STREET ADDRESS	401 N. RIVERSIDE DR.		STREET ADDRESS	401 N. RIVERSIDE DRIVE	
CITY-ST-ZIP	POMPAN0 BEACH, FL 33062		CITY-ST-ZIP	POMPAN0 BEACH, FL, 33062	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WERTH, JO ANN		NAME	THEODORE WEINBERG	
STREET ADDRESS	677 WURLITZER DRIVE		STREET ADDRESS	401 N. RIVERSIDE DRIVE	
CITY-ST-ZIP	N. TONAWANDA, NY 14120		CITY-ST-ZIP	POMPAN0 BEACH, FL, 33062	
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BERGER, ALLEN		NAME		
STREET ADDRESS	401 N. RIVERSIDE DR.		STREET ADDRESS		
CITY-ST-ZIP	POMPAN0 BEACH, FL 33062		CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:			4-21-06 954-553-1102		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		