

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



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

FILED

95 FEB 28 AM 4:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 715507

(0)

1. Corporation Name

BARR TERRACE, INC.

Principal Place of Business

**50 EAST ROAD
DELRAY BEACH FL 33483**

Mailing Address

**50 EAST ROAD
DELRAY BEACH FL 33483**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

11/04/1968

3a. Date of Last Report

03/09/1994

4. FBI Number

59-1284354

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**

7. Nonprofit with IRS 501(c)(3)

Tax Exempt Status

☐

**\$68.75 Supplemental
Fee Not Required**

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

**PERRY, PAUL A.
50 EAST ROAD, APT 2-A
DELRAY BEACH FL 33483**

10. Name and Address of New Registered Agent

81 Name

DAVID MARSH

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

50 EAST ROAD

83

84 City

DELRAY BEACH

FL

85 Zip Code

33483

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 I accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

David M. Marsh

DAVID M. MARSH - PRES.

95B. 16, 1995

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

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

TITLE	VPD
NAME	FRANK, CAROLINE
STREET ADDRESS	50 EAST ROAD
CITY, ST, ZIP	DELRAY BCH FL
TITLE	PD
NAME	PERRY, PAUL A.
STREET ADDRESS	50 EAST ROAD
CITY, ST, ZIP	DELRAY BCH FL
TITLE	T
NAME	O'BRIEN, JAMES B.
STREET ADDRESS	50 EAST ROAD
CITY, ST, ZIP	DELRAY BEACH FL
TITLE	SD
NAME	BUCHANAN, MAY MRS.
STREET ADDRESS	50 EAST ROAD
CITY, ST, ZIP	DELRAY BCH FL
TITLE	D
NAME	MARSH, DAVID
STREET ADDRESS	50 EAST RD #7H
CITY, ST, ZIP	DELRAY BCH FL
TITLE	D
NAME	COXHEAD, PETER
STREET ADDRESS	50 EAST RD #12J
CITY, ST, ZIP	DELRAY BCH FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	☒ Change	☐ Addition
1.2 NAME	DAVID MARSH		
1.3 STREET ADDRESS	50 EAST ROAD		
1.4 CITY - ST - ZIP	DELRAY BEACH FL 33483		
2.1 TITLE	VPD	☐ Change	☒ Addition
2.2 NAME	THOMAS MCGOCH		
2.3 STREET ADDRESS	50 EAST ROAD		
2.4 CITY - ST - ZIP	DELRAY BEACH FL 33483		
3.1 TITLE	PIERRE GARNEAU	☐ Change	☒ Addition
3.2 NAME	50 EAST ROAD		
3.3 STREET ADDRESS	DELRAY BEACH, FL 33483		
3.4 CITY - ST - ZIP			
4.1 TITLE	SD	☐ Change	☐ Addition
4.2 NAME	MAY BUCHANAN		
4.3 STREET ADDRESS	50 EAST ROAD		
4.4 CITY - ST - ZIP	DELRAY BEACH FL 33483		
5.1 TITLE	T	☐ Change	☐ Addition
5.2 NAME	JAMES B O'BRIEN		
5.3 STREET ADDRESS	50 EAST ROAD		
5.4 CITY - ST - ZIP	DELRAY BEACH FL 33483		
6.1 TITLE	FRANK X HARRINGTON	☐ Change	☒ Addition
6.2 NAME	50 EAST ROAD		
6.3 STREET ADDRESS	DELRAY BEACH, FL 33483		
6.4 CITY - ST - ZIP			

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 017, Florida Statutes; and that my name appears on Block 12 or 13 or 14, if changed, or on an attachment with an address.

SIGNATURE:

David M. Marsh

DAVID M. MARSH

DATE

2/16/95 401-278-5656

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Signature Printed Name