

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **715507** (0)

1. Corporation Name

BARR TERRACE, INC.



Principal Place of Business

Mailing Address

**50 EAST ROAD
DELRAY BEACH FL 33483**

**50 EAST ROAD
DELRAY BEACH FL 33483**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

3. Date Incorporated or Qualified
11/04/1968

3a. Date of Last Report
02/28/1995

4. FEI 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**

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MARSH, DAVID
50 EAST ROAD, APT 2-A
DELRAY BEACH FL 33483**

81 Name

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

50 East Road, Apt. 7-H

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 PD ☐ DELETE
NAME MARSH, DAVID
STREET ADDRESS 50 EAST ROAD
CITY-ST-ZIP DELRAY BCH FL

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE PD ☒ DELETE
NAME PERRY, PAUL A.
STREET ADDRESS 50 EAST ROAD
CITY-ST-ZIP DELRAY BCH FL

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME T/D
2.3 STREET ADDRESS PAUL A. PERRY
2.4 CITY-ST-ZIP 50 EAST ROAD, APT. 2-A
DELRAY BEACH, FL 33483

TITLE T ☒ DELETE
NAME O'BRIEN, JAMES B.
STREET ADDRESS 50 EAST ROAD
CITY-ST-ZIP DELRAY BEACH FL

3.1 TITLE ☐ Change ☒ Addition
3.2 NAME VP/D
3.3 STREET ADDRESS CAROLINE HOOD FRANK
3.4 CITY-ST-ZIP 50 EAST ROAD, DELRAY BEACH, FL 33483

TITLE SD ☐ DELETE
NAME BUCHANAN, MAY MRS.
STREET ADDRESS 50 EAST ROAD
CITY-ST-ZIP DELRAY BCH FL

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE D ☒ DELETE
NAME MARSH, DAVID
STREET ADDRESS 50 EAST RD #7H
CITY-ST-ZIP DELRAY BCH FL

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE D ☐ DELETE
NAME COXHEAD, PETER
STREET ADDRESS 50 EAST RD #12J
CITY-ST-ZIP DELRAY BCH FL

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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PAUL A. PERRY

FEB. 14, 1996

278-5656

CR2E037 (12/95)