2006 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

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SIGNATURE:

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Feb 17, 2006 8:00 am **Secretary of State DOCUMENT #729377** 02-17-2006 90068 001 ****61.25 TERRA MAR, WEST CONDOMINIUM ASSOCIATION, INC. Principal Place of Business Mailing Address 3581 ARLINGTON DRIVE PO BOX 663 ROTONDA WEST, FL 33947 PLACIDA, FL 33946 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01112006 Chg-NP CR2E037 (11/05) 4. FEI Number 59-1808684 City & State City & State Applied For Not Applicable Zip 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 ADAMS, ELAINE J 2680 TITANIA ROAD Street Address (P.O. Box Number is Not Acceptable) ENGLEWOOD, FL 34224 Zip Code 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable, (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing Filing Fee is \$61.25 \$5.00 May Be Make check payable to Trust Fund Contribution. Florida Department of State Due by May 1, 2006 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. Change TITLE Delete TITLE ☐ Addition Jones DEBOER, LESLIE Baker NAME NAME 1473 NO Inget Loop Tucson, AZ 85737 STREET ADDRESS 3581 ARLINGTON DR #6 STREET ADDRESS CITY-ST-ZIP ROTONDA WEST, FL. 33947 CITY-ST-7IP Delete TILE TITLE KLINGEL, PAUL NAME NAME P.O. BOX 117 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP OSPREY, FL 34229 CITY-ST-7IP **VPD** Delete IIILE BAKER, TOM NAME NAME 11473 77 INGOT LOOP STREET ADDRESS STREET ADDRESS TUCSON, AZ 85737 CITY-ST-ZIP CITY-ST-ZIP me ☐ Delete TILLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP IIILE □ Delete ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP mr ☐ Delete mr Change ☐ Addition NAME NAME. STREET ADDRESS STREET ADORESS CITY-ST-ZIP 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.

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Daytime Phone #