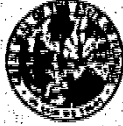


**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995. AMOUNT DUE ON OR BEFORE 8/9/95: \$155 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$155)**

**NONPROFIT CORPORATION ANNUAL REPORT 1995**



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

**FILED**

95 JUL 11 AM 11:39

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # 740205 (0)**

1. Corporation Name  
**2800 TERRA MAR CONDOMINIUM ASSN., INC.**

**300001536353**  
**-07/12/95--01090--011**  
**DO NOT WRITE IN THESE SPACES \*\*\*155.00**

Principal Place of Business Mailing Address  
**1002 SYDENHAM CHICOUTIMI, QUEBEC G7H 2H5 QUEBEC, CANADA**

3. Date Incorporated or Qualified **09/21/1977** 3a. Date of Last Report **04/25/1994**  
4. FEI Number **NOT APPLICABLE** Applied For Not Applicable

2. Principal Place of Business 2a. Mailing Address  
21 Suits, Apt. #, etc. 22 Suits, Apt. #, etc.  
23 City & State 24 City & State  
25 Zip Country 26 Zip Country

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  **FILING FEE IS \$61.25**  
8. This corporation has liability for intangible tax under s. 189.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent  
**DOYON, JACQUES  
2800 TERRAMAR CONDOMINIUM  
TERRAMAR STREET APT 6  
FORT LAUDERDALE FL 33304**

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number Is Not Acceptable)  
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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and the # applicable (NOTE: Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS	
TITLE	VD
NAME	CLEMENT BOURASSA
STREET ADDRESS	247 DES COMMANDEURS #6
CITY - ST - ZIP	LEVIS, QC G6V8A7
TITLE	PD
NAME	DOYON, JACQUES
STREET ADDRESS	CP 112, ST-COME
CITY - ST - ZIP	QUEBEC, QUEBEC
TITLE	SD
NAME	MARLENE, LAUBERTE
STREET ADDRESS	1002 SYDENHAM
CITY - ST - ZIP	CHICOUTIMI, QUEBEC
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 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 110.07(3)(b), 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: Marlene Lauberte MARLENE LAUBERTE SEC 06-19-95 (418) 545-5011  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (Type in 11/22)

CR2E037 (3/95)