

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 # **740205** (0)

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



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

3. Date Incorporated or Qualified: **09/21/1977**
3a. Date of Last Report: **07/11/1995**

2. Principal Place of Business (21-24) and Mailing Address (2a-24) fields with sub-fields for Suite, City & State, Zip, and Country.
4. FEI Number: **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: **DOYON, JACQUES 2800 TERRAMAR CONDOMINIUM TERRAMAR STREET APT 6 FORT LAUDERDALE FL 33304**
10. Name and Address of New Registered Agent (81-85) fields.

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 1 applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLEMENT BOURASSA	1.2 NAME	
STREET ADDRESS	247 DES COMMANDEURS #6	1.3 STREET ADDRESS	
CITY-ST-ZIP	LEVIS, QC G6V8A7	1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	PD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOYON, JACQUES	2.2 NAME	
STREET ADDRESS	CP 112, ST-COME	2.3 STREET ADDRESS	
CITY-ST-ZIP	QUEBEC, QUEBEC	2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	SD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARLENE, LALIBERTE	3.2 NAME	
STREET ADDRESS	1002 SYDENHAM	3.3 STREET ADDRESS	
CITY-ST-ZIP	CHICOUTIMI, QUEBEC	3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	600001849286
STREET ADDRESS		5.3 STREET ADDRESS	-06/04/96--01018--025
CITY-ST-ZIP		5.4 CITY-ST-ZIP	***61.25
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	<i>ce 5/11/96</i>
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: Marlene Laliberte Date: 20 May 96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (12/95)