

DOCUMENT # 740205

1/10/01-

FILED
Feb 03, 2001 8:00 am
Secretary of State

01-10-2001 90062 005 ***61.25

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

Principal Place of Business
2800 TERRAMAR
APT #7
FORT LAUDERDALE FL 33304
US

Mailing Address
2800 TERRAMAR
APT #7
FORT LAUDERDALE FL 33304
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DOYON, JACQUES
2800 TERRAMAR CONDOMINIUM
TERRAMAR STREET APT 6
FORT LAUDERDALE FL 33304

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL 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.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VD	<input type="checkbox"/> Delete
NAME	CLEMENT BOURASSA	
STREET ADDRESS	247 DES COMMANDEURS #6	
CITY-ST-ZIP	LEVIS, QC G6V8A7	
TITLE	PD	<input type="checkbox"/> Delete
NAME	GAGNON, PIERRE	
STREET ADDRESS	5954 LAC SEPT-ILES	
CITY-ST-ZIP	ST. RAYMOND QC G3L-257	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	MARLENE, LALIBERTE	
STREET ADDRESS	1002 SYDENHAM	
CITY-ST-ZIP	CHICOUTIMI, QUEBEC	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	V. T. S. D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLEMENT BOURASSA	
STREET ADDRESS	247 DES COMMANDEURS #6	
CITY-ST-ZIP	LEVIS QC G6V8A7	
TITLE	PD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GAGNON PIERRE	
STREET ADDRESS	5954 LAC SEPT-ILES	
CITY-ST-ZIP	ST RAYMOND QC G3L 257	
TITLE	V. D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JACOBS DOYON	
STREET ADDRESS	1614 1051 RUE OUEST	
CITY-ST-ZIP	ST-COME QC G0M1J0	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

SIGNATURE: *Clement Bourassa* V.S.C. Jan 6th 2001 954-564-3033
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2ED37 (10/00)