FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 30 AM 10:41

DOCUMENT # N06280 (4)

1. Corporation Name

TERRA MAR/RIVER PARK MOBILE HOMEOWNERS ASSOCIATI ON, INC.

Principal Place of Business	Mailing Address
P.O. BOX 269 EDGEWATER FL 32132	P.O. BOX 269 EDGEWATER FL 32132

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/21/1984
3a. Date of Last Report: 03/10/1994
4. FEI Number: 59-2516358 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business (21)	2a. Mailing Address (26)
Suite, Apt. #, etc. (22)	Suite, Apt. #, etc. (27)
City & State (23)	City & State (28)
Zip (24) / Country (25)	Zip (29) / Country (30)

9. Name and Address of Current Registered Agent

COLLING, LEE JAY
20 N ORANGE AVE
S700, FIRST UNION BLDG
ORLANDO FL 32801

10. Name and Address of New Registered Agent

81 Name: Michael L. Resnick
82 Street Address (P.O. Box Number is Not Acceptable): 6341 Conroy Road #2507
83
84 City: Orlando, FL 85 Zip Code: 32835

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE 3/25/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE	PD	☒ Change ☐ Addition
NAME	TEMPLE, HARRY	12 NAME	SCHLACK, EVELYN	
STREET ADDRESS	4324 INDIAN RIVER DRIVE W	13 STREET ADDRESS	4378 INDIAN RIVER DRIVE W.	
CITY-ST-ZIP	EDGEWATER FL	14 CITY-ST-ZIP	EDGEWATER, FL. 32141	
TITLE	VD	21 TITLE		☒ Change ☐ Addition
NAME	ALLENE TEAGUE	22 NAME	RICHARD FOX	
STREET ADDRESS	4349 INDIAN RIVER DRIVE W	23 STREET ADDRESS	141 INDIAN RIVER DRIVE N.	
CITY-ST-ZIP	EDGEWATER FL	24 CITY-ST-ZIP	EDGEWATER, FL. 32141	
TITLE	SD	31 TITLE	TD	☒ Change ☐ Addition
NAME	SCHLACK, EVELYN	32 NAME	BETTY HOFFMAN	
STREET ADDRESS	4378 INDIAN RIVER DR W	33 STREET ADDRESS	118 CEDAR COURT	
CITY-ST-ZIP	EDGEWATER FL	34 CITY-ST-ZIP	EDGEWATER, FL. 32141	
TITLE	TD	41 TITLE	SD	☒ Change ☐ Addition
NAME	FOX, RICHARD J	42 NAME	SANBORN, MARIE	
STREET ADDRESS	141 INDIAN RIVER DR N	43 STREET ADDRESS	4336 INDIAN RIVER DRIVE W.	
CITY-ST-ZIP	EDGEWATER FL	44 CITY-ST-ZIP	EDGEWATER, FL. 32141	
TITLE	VD	51 TITLE		☐ Change ☐ Addition
NAME	ALLPORT, DONALD T	52 NAME		
STREET ADDRESS	4374 DOLPHIN WAY	53 STREET ADDRESS		
CITY-ST-ZIP	EDGEWATER FL	54 CITY-ST-ZIP		
TITLE	VD	61 TITLE	VD	☒ Change ☐ Addition
NAME	ZINT, GERTRUDE	62 NAME	LYLE, LLOYD	
STREET ADDRESS	115 CEDAR STREET	63 STREET ADDRESS	161 INDIAN RIVER DRIVE N.	
CITY-ST-ZIP	EDGEWATER FL	64 CITY-ST-ZIP	EDGEWATER, FL. 32141	

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)(i), 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: EVELYN M. SCHLACK Evelyn M. Schlack 2-6-95 904 345 3802
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0053617