

# 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 # **N06280** (4)

1. Corporation Name

**TERRA MAR VILLAGE HOMEOWNERS ASSOCIATION, INC.**



Principal Place of Business

Mailing Address

P.O. BOX 269  
EDGEWATER FL 32132

P.O. BOX 269  
EDGEWATER FL 32132

3. Date Incorporated or Qualified  
**11/21/1984**

3a. Date of Last Report  
**03/30/1995**

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

**59-2516358**

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

☐

**\$8.75** Additional  
Fee Required

City & State

City & State

6. Election Campaign Financing  
Trust Fund Contribution

☐

**\$5.00** May Be  
Added to Fees

Zip

Country

Zip

Country

24

25

29

30

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MICHAEL L. RESNICK**  
**6341 CONROY ROAD 2507**  
**9700, FIRST UNION BLDG**  
**ORLANDO FL 32801**

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

**32811**

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

Signature, typed or printed name of registered agent, if applicable

**(Michael L. Resnick)**

(NOTE: Registered Agent signature required when reinstating)

**3/4/96**

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME **SCHLACK, EVELYN**  
STREET ADDRESS **4378 INDIAN RIVER DRIVE W.**  
CITY-ST-ZIP **EDGEWATER FL**

TITLE VD ☒ DELETE

NAME **RICHARD FOX**  
STREET ADDRESS **141 INDIAN RIVER DRIVE N.**  
CITY-ST-ZIP **EDGEWATER FL**

TITLE TD ☐ DELETE

NAME **BETTY HOFFMAN**  
STREET ADDRESS **118 CEDAR COURT**  
CITY-ST-ZIP **EDGEWATER FL**

TITLE SD ☒ DELETE

NAME **SANBORN MARIE**  
STREET ADDRESS **4336 INDIAN RIVER DRIVE W.**  
CITY-ST-ZIP **EDGEWATER FL**

TITLE VD ☐ DELETE

NAME **ALLPORT, DONALD T**  
STREET ADDRESS **4374 DOLPHIN WAY**  
CITY-ST-ZIP **EDGEWATER FL**

TITLE VD ☒ DELETE

NAME **LYLE, LLOYD**  
STREET ADDRESS **161 INDIAN RIVER DRIVE N.**  
CITY-ST-ZIP **EDGEWATER FL**

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

VD

**CHRISTO KIROVAS**

**4337 INDIAN RIVER DRIVE W**  
**EDGEWATER, FL. 32141**

SD

**BETTY GRIGG**

**133 INDIAN RIVER DRIVE N.**  
**EDGEWATER, FL.**

VD

**JOANNE JOHANSSON**

**121 ASH STREET**  
**EDGEWATER, FL.**

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:

**Evelyn M. Schlack**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2/27/96** **904.345.3802**  
Date Daytime Phone #

CR2E037 (12/95)