


FILE NOW: FILING FEE IS \$61.25

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Apr 10 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N06280** (4)
1. Corporation Name
TERRA MAR VILLAGE HOMEOWNERS ASSOCIATION, INC.

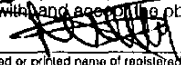


Principal Place of Business P.O. BOX 269 EDGEWATER FL 32132	Mailing Address P.O. BOX 269 EDGEWATER FL 32132-0269
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 11/21/1984		3a. Date of Last Report 03/07/1996	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 59-2516358		Applied For Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country		29 Country		30		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent MICHAEL L. RESNICK 6341 CONROY ROAD 2507 ORLANDO FL 32801				10. Name and Address of New Registered Agent			
81 Name				82 Street Address (P.O. Box Number is Not Acceptable)			
				1342 E. Vine Street #236			
83				84 City			
				Kissimmee FL			
				85 Zip Code			
				34744			

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 of 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 **2/7/97**

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	PO	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHLACK, EVELYN	1.2 NAME	
STREET ADDRESS	4378 INDIAN RIVER DRIVE W.	1.3 STREET ADDRESS	
CITY-ST-ZIP	EDGEWATER FL	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KOROVAS, CHRISTO	2.2 NAME	
STREET ADDRESS	4337 INDIAN RIVER DRIVE W.	2.3 STREET ADDRESS	
CITY-ST-ZIP	EDGEWATER FL	2.4 CITY-ST-ZIP	
TITLE	TD	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BETTY HOFFMAN	3.2 NAME	Joanne Johansson
STREET ADDRESS	118 CEDAR COURT	3.3 STREET ADDRESS	121 Ash Street
CITY-ST-ZIP	EDGEWATER FL	3.4 CITY-ST-ZIP	Edgewater, FL. 32141
TITLE	SD	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GRIGG, BETTY	4.2 NAME	Manjorie Allport
STREET ADDRESS	133 INDIAN RIVER DRIVE N.	4.3 STREET ADDRESS	4374 Dolphin Way
CITY-ST-ZIP	EDGEWATER FL	4.4 CITY-ST-ZIP	Edgewater, FL. 32141
TITLE	VD	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ALLPORT, DONALD T	5.2 NAME	Marie Sanborn
STREET ADDRESS	4374 DOLPHIN WAY	5.3 STREET ADDRESS	4336 Indian River Drive W.
CITY-ST-ZIP	EDGEWATER FL	5.4 CITY-ST-ZIP	Edgewater, FL. 32141
TITLE	VD	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JOHANSSON, JOANNE	6.2 NAME	Anthony Rinaldo
STREET ADDRESS	121 ASH STREET	6.3 STREET ADDRESS	121 Indian River Drive, N.
CITY-ST-ZIP	EDGEWATER FL	6.4 CITY-ST-ZIP	Edgewater, FL. 32141

14. I do 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 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.

CR2E037 (9/96)