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Mar 09 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		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 775 OAK HILL FL 32579-0775	Mailing Address P.O. BOX 775 OAK HILL FL 32579-0775
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3. Date Incorporated or Qualified 11/21/1984	
4. FEI Number 59-2516358	Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 25 Suite, Apt. #, etc. 26 City & State 27 Zip 28 Country
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5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent MICHAEL L. RESNICK 1342 E VINE ST #236 KISSIMMEE FL 34744	
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10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	PD NAME STREET ADDRESS CITY-ST-ZIP
	SCHLACK, EVELYN 4378 INDIAN RIVER DRIVE W. EDGEWATER FL
TITLE	VD NAME STREET ADDRESS CITY-ST-ZIP
	KOROVAS, CHRISTO 4337 INDIAN RIVER DRIVE W. EDGEWATER FL
TITLE	TD NAME STREET ADDRESS CITY-ST-ZIP
	JOHANSSON, JOANNE 121 ASH STREET EDGEWATER FL
TITLE	SD NAME STREET ADDRESS CITY-ST-ZIP
	ALLPORT, MARJORIE 4374 DOLPHIN WAY EDGEWATER FL
TITLE	VD NAME STREET ADDRESS CITY-ST-ZIP
	SANBORN, MARIE 4336 INDIAN RIVER DR W. EDGEWATER FL
TITLE	VD NAME STREET ADDRESS CITY-ST-ZIP
	JOHANSSON, JOANNE 121 ASH STREET EDGEWATER FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	VD 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP
	BEAUDRY, JOSEPH 118 CEDAR WAY EDGEWATER, FL.
2.1 TITLE	VD 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP
	BLAUVELT, DOUGLAS 136 INDIAN RIVER DRIVE N. EDGEWATER, FL.
3.1 TITLE	SD 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP
	JOANNE JOHANSSON 121 ASH STREET EDGEWATER, FL.
4.1 TITLE	TD 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP
	ALLPORT, MARJORIE 4374 DOLPHIN WAY EDGEWATER, FL.
5.1 TITLE	VD 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP
	RINALDO, ANTHONY 121 INDIAN RIVER DRIVE N. EDGEWATER, FL.

14. 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 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: _____

CP2E037 (10/97)