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Secretary of State

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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N06280

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

11/21/1984

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

9. Name and Address of Current Registered Agent

MICHAEL L. RESNICK
1342 E VINE ST #236
KISSIMMEE FL 34744

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **VD** ☒ DELETE
NAME **BEAUDRY, JOSEPH**
STREET ADDRESS **118 CEDAR WY**
CITY-ST-ZIP **EDGEWATER FL**

TITLE **VD** ☐ DELETE
NAME **BLAUVELT, DOUGLAS**
STREET ADDRESS **136 INDIAN RIVER DR N**
CITY-ST-ZIP **EDGEWATER FL**

TITLE **SD** ☒ DELETE
NAME **JOHANSSON, JOANNE**
STREET ADDRESS **121 ASH ST**
CITY-ST-ZIP **EDGEWATER FL**

TITLE **TD** ☐ DELETE
NAME **ALLPORT, MARJORIE**
STREET ADDRESS **4374 DOLPHIN WY**
CITY-ST-ZIP **EDGEWATER FL**

TITLE **VD** ☒ DELETE
NAME **RINALDO, ANTHONY**
STREET ADDRESS **121 INDIAN RIVER DR N**
CITY-ST-ZIP **EDGEWATER FL**

TITLE ☐ DELETE
NAME **PRESIDENT**
STREET ADDRESS **EVELYN SCHLACK**
CITY-ST-ZIP **4378 INDIAN RIVER DRIVE W.**
EDGEWATER, FL #@!\$!

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE **SD** ☒ Change ☐ Addition
3.2 NAME **RINALDO, ANTHONY**
3.3 STREET ADDRESS **121 INDIAN RIVER DRIVE N.**
3.4 CITY-ST-ZIP **EDGEWATER, FL. 32141**

4.1 TITLE **VD** ☐ Change ☐ Addition
4.2 NAME **CHRISTO KOROVAS**
4.3 STREET ADDRESS **4337 INDIAN RIVER DRIVE W.**
4.4 CITY-ST-ZIP **EDGEWATER, FL. 32141**

5.1 TITLE **VD** ☐ Change ☒ Addition
5.2 NAME **MARIE SANBORN**
5.3 STREET ADDRESS **4336 INDIAN RIVER DRIVE W.**
5.4 CITY-ST-ZIP **EDGEWATER, FL 32141**

6.1 TITLE **VD** ☐ Change ☒ Addition
6.2 NAME **GERTRUD ZINT**
6.3 STREET ADDRESS **115 CEDAR STREET**
6.4 CITY-ST-ZIP **EDGEWATER, FL. 32141**

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, with all other like empowered.

SIGNATURE:

Signature of Michael L. Resnick
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

904-345-3802
Daytime Phone #

CR2E037 (1/198)