

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2001 8:00 am
Secretary of State
 04-23-2001 90179 047 ****61.25

0009463

DOCUMENT # NG6280

1. Entity 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

P. O. Box 303

3. Mailing Address

P. O. Box 303

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Edgewater FL

City & State

Edgewater FL

4. FEI Number

59-2516358

Applied For

Not Applicable

Zip

32132

Country

USA

Zip

32132

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HOLDSWORTH, D RAYMOND
120 CEDAR COURT
EDGEWATER FL 32141

Name
Klein Loren R.

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

4332 Whiting Way

City
Edgewater

FL

Zip Code
32141

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE **Loren R. Klein Pres.**

17 April 2001

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KOROVAS, CHRISTO 4337 INDIAN RIVER DRIVE W EDGEWATER FL 32141	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP KLEIN, LOREN R 4332 WHITING WAY EDGEWATER FL 32141	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SANBORN, MARIE 4336 INDIAN RIVER DRIVE W EDGEWATER FL 32141	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV HOLDSWORTH, D. RAYMOND 120 CEDAR COURT EDGEWATER FL 32141	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT HANSEN, EVELYN 4378 INDIAN RIVER DRIVE W EDGEWATER FL 32141	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SCHLACK, EVELYN 4378 INDIAN RIVER DRIVE W EDGEWATER FL 32141	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV Sanders David 4347 Dolphin Way Edgewater, FL 32141	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS Schlack Evelyn 4378 Indian River Drive W. Edgewater, FL 32141	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT Hansen Roger 149 Indian River Drive N. Edgewater, FL 32141	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

Loren R. Klein

SIGNATURE: Loren R. Klein

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

17 April 2001

(386) 345-0771

Date

Daytime Phone #

CR2E037 (10/00)