

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 22, 2004 8:00 am
Secretary of State

03-22-2004 90073 032 ****61.25

DOCUMENT # N06280

1. Entity Name

TERRA MAR VILLAGE HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business

P.O. BOX 303
EDGEWATER FL 32132

Mailing Address

P.O. BOX 303
EDGEWATER FL 32132

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2516358

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**HANSEN, CLAUDIA P
149 INDIAN RIVER DR N
EDGEWATER FL 32141**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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
Due By May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **D** ☒ Delete
NAME **KOROVAS, CHRISTO**
STREET ADDRESS **4337 INDIAN RIVER DRIVE W**
CITY-ST-ZIP **EDGEWATER FL 32141**

TITLE **D2V** ☐ Delete
NAME **KOROVAS, CHRISTO**
STREET ADDRESS **4337 INDIAN RIVER DR W**
CITY-ST-ZIP **EDGEWATER FL 32141**

TITLE **DS** ☒ Delete
NAME **SANBORN, MARIE**
STREET ADDRESS **4336 INDIAN RIVER DRIVE W**
CITY-ST-ZIP **EDGEWATER FL 32141**

TITLE **D** ☐ Delete
NAME **SANDERS, DAVID**
STREET ADDRESS **4347 CEDAR WAY**
CITY-ST-ZIP **EDGEWATER FL 32141**

TITLE **DT** ☐ Delete
NAME **SHCLACK, EVELYN**
STREET ADDRESS **4378 INDIAN RIVER DR W**
CITY-ST-ZIP **EDGEWATER FL 32141**

TITLE **DV** ☒ Delete
NAME **SCHMIDT, MIKE**
STREET ADDRESS **133 PINE STREET**
CITY-ST-ZIP **EDGEWATER FL 32141**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **PD** ☐ Change ☒ Addition
NAME **Claudia Hansen**
STREET ADDRESS **149 Indian River Drive N.**
CITY-ST-ZIP **Edgewater, Fl. 32141**

TITLE **DS** ☐ Change ☒ Addition
NAME **Judith Russell**
STREET ADDRESS **133 Indian River Drive N**
CITY-ST-ZIP **Edgewater, Fl 32141**

TITLE **Ds** ☒ Change ☐ Addition
NAME **Marie Sanborn**
STREET ADDRESS **4336 Indian River Drive W.**
CITY-ST-ZIP **Edgewater, Fl. 32141**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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.

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

3/11/04

Date

386 345 3802
Daytime Phone #