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# Mar 24 1997 8:00am
# Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1997**

FLORIDA DEPARTMENT OF STATE
**Sandra B. Mortham**
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N33799** **(0)**

1. Corporation Name

**TERRAMAR COMMUNITY ASSOCIATION, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| C/O PETER L. MECCA<br>P.O. BOX 3768<br>LANTANA FL 33465-3768 | C/O PETER L. MECCA<br>P.O. BOX 3768<br>LANTANA FL 33465-3768 |

3. Date Incorporated or Qualified: **08/18/1989**
3a. Date of Last Report: **04/01/1996**

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

4. FEI Number: **65-0196184** ☐ 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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. **Name and Address of Current Registered Agent**

MECCA, PETER L.
7965 WEST LANTANA ROAD
LAKE WORTH FL 33467

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 reg stered 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
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 | PD | ☐ DELETE | 1.1 TITLE | ☐ Change ☐ Addition |
| NAME | MECCA, PETER L. | | 1.2 NAME | |
| STREET ADDRESS | 1202 SO LAKE DR | | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | LANTANA FL | | 1.4 CITY-ST-ZIP | |
| TITLE | D | ☐ DELETE | 2.1 TITLE | ☐ Change ☐ Addition |
| NAME | TOMLINSON, HAROLD | | 2.2 NAME | |
| STREET ADDRESS | 7276 NW 63 TERR | | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | PARKLAND FL | | 2.4 CITY-ST-ZIP | |
| TITLE | VPS | ☐ DELETE | 3.1 TITLE | ☐ Change ☐ Addition |
| NAME | SMIGIEL, GARY | | 3.2 NAME | |
| STREET ADDRESS | 87 17TH AVE SO | | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | LAKE WORTH FL | | 3.4 CITY-ST-ZIP | |
| TITLE | D | ☐ DELETE | 4.1 TITLE | ☐ Change ☐ Addition |
| NAME | CHIEFFO, CINDY | | 4.2 NAME | |
| STREET ADDRESS | 600 W HILLSBORO BLVD, STE 101 | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | DEERFIELD BCH FL | | 4.4 CITY-ST-ZIP | |
| TITLE | T | ☐ DELETE | 5.1 TITLE | ☐ Change ☐ Addition |
| NAME | SCHWAB, LORI | | 5.2 NAME | |
| STREET ADDRESS | 7965 LANTANA RD | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | LAKE WORTH FL | | 5.4 CITY-ST-ZIP | |
| TITLE | | ☐ DELETE | 6.1 TITLE | ☐ Change ☐ Addition |
| NAME | | | 6.2 NAME | |
| STREET ADDRESS | | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | | 6.4 CITY-ST-ZIP | |

CR2E037 (9/96)

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.

**SIGNATURE:** X _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0043940