

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

FILED
Jun 28, 2004 8:00 am
Secretary of State

06-28-2004 90010 046 ****61.25

DOCUMENT # N33799

1. Entity Name

TERRAMAR COMMUNITY ASSOCIATION, INC.



Principal Place of Business

953 UNIV DR
CORAL SPRINGS FL 33071

Mailing Address

953 UNIV DR
CORAL SPRINGS FL 33071

04059005



MOORE CR2E037 (11/03)

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-0196184

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WHITTLE, CYNTHIA G
C/O INTEGRITY PROPERTY MANAGEMENT
953 UNIV DR
CORAL SPGS FL 33071

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 ☒ Delete
NAME OFSTEIN, DAVID
STREET ADDRESS 6745 NW 75 PL
CITY-ST-ZIP PARKLAND FL 33067

TITLE ☒ Delete
NAME TD BONACCI, GARY
STREET ADDRESS 6439 NW BO DR
CITY-ST-ZIP PARKLAND FL 33067

TITLE ☐ Delete
NAME PD ETINGOFF, BOB
STREET ADDRESS 5877 NW 73RD CT
CITY-ST-ZIP PARKLAND FL 33067

TITLE ☐ Delete
NAME ~~Joe Kay~~
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME ~~GARY KOESTEN~~
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

TITLE ☐ Change ☒ Addition
NAME VPD Joe Kay
STREET ADDRESS 7525 NW 61st Terrace #1301
CITY-ST-ZIP Parkland, FL 33067

TITLE ☐ Change ☒ Addition
NAME GTD Gary Koesten
STREET ADDRESS 7370 NW 61 Terrace
CITY-ST-ZIP Parkland, FL 33067

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #