

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2006 8:00 am
Secretary of State

03-17-2006 90117 017 ****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		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
WHITTLE, CYNTHIA G C/O INTEGRITY PROPERTY MANAGEMENT 953 UNIV DR CORAL SPGS, FL 33071			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE PD	NAME ETINGOFF, BOB	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 5877 NW 73RD CT	PARKLAND, FL 33067		NAME	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
CITY-ST-ZIP PARKLAND, FL 33067			STREET ADDRESS	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
TITLE VPD	NAME KAY, JOE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 7525 NW 61ST TERRACE #1301	POMPAÑO BEACH, FL 33067		NAME	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
CITY-ST-ZIP POMPAÑO BEACH, FL 33067			STREET ADDRESS	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
TITLE STD	NAME KOESTEN, GARY	<input type="checkbox"/> Delete	TITLE Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 7370 NW 61 TERRACE	POMPAÑO BEACH, FL 33067		NAME GARY Koesten	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
CITY-ST-ZIP POMPAÑO BEACH, FL 33067			STREET ADDRESS 1370 NW 61st Terrace	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
TITLE	<input type="checkbox"/> Delete		NAME Lisa Olson	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
STREET ADDRESS	Change <input type="checkbox"/> Addition <input type="checkbox"/>		STREET ADDRESS 6155 NW 7th Pl	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>		CITY-ST-ZIP Parkland, FL 33067	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
TITLE	<input type="checkbox"/> Delete		TITLE Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	Change <input type="checkbox"/> Addition <input type="checkbox"/>		NAME GARY Palombi	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
STREET ADDRESS	Change <input type="checkbox"/> Addition <input type="checkbox"/>		STREET ADDRESS Parkland	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>		CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <i>[Signature]</i> President			Date: 3/1/06		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone #: 9543460677		