

FILE NOW: FILING FEE IS \$61.25

FILED  
Mar 24 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>	 FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
--	--

DOCUMENT # **N96000001821 (5)**

1. Corporation Name

**TERRA MAR VILLAGE RESIDENTS ASSOCIATION, INC.**



Principal Place of Business <b>4347 MACKEREL CIRCLE EDGEWATER FL 32141</b>	Mailing Address <b>4347 MACKEREL CIRCLE EDGEWATER FL 32141-7323</b>
---	--

2. Principal Place of Business <b>21</b>		2a. Mailing Address <b>26</b>		3. Date Incorporated or Qualified <b>04/02/1996</b>	3a. Date of Last Report
Suite, Apt. #, etc. <b>22</b>		Suite, Apt. #, etc. <b>27</b>		4. FEI Number <b>59-3368117</b>	Applied For Not Applicable
City & State <b>23</b>		City & State <b>28</b>		5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
Zip <b>24</b>	Country <b>25</b>	Zip <b>29</b>	Country <b>30</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
9. Name and Address of Current Registered Agent <b>KLEIN, LOREN R 4347 MACKEREL CIRCLE EDGEWATER FL 32141</b>				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b> 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 registered 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	1.1 TITLE	<b>V/D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KERN, MILTON</b>	1.2 NAME	<b>Schlarman, Donald</b>
STREET ADDRESS	<b>4374 WHITING WAY</b>	1.3 STREET ADDRESS	<b>164 Red Bass Lane</b>
CITY-ST-ZIP	<b>EDGEWATER FL 32141</b>	1.4 CITY-ST-ZIP	<b>Edgewater, FL 32141</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE	2.1 TITLE	<b>P/D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>KLEIN, LOREN R</b>	2.2 NAME	<b>Klein, Loren R.</b>
STREET ADDRESS	<b>4347 MACKEREL CIRCLE</b>	2.3 STREET ADDRESS	<b>4347 Mackerel Circle</b>
CITY-ST-ZIP	<b>EDGEWATER FL 32141</b>	2.4 CITY-ST-ZIP	<b>Edgewater, FL 32141</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE	3.1 TITLE	<b>T/D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>LOTT, L. JANE</b>	3.2 NAME	<b>Lott, L. Jane</b>
STREET ADDRESS	<b>161 RED BASS LANE</b>	3.3 STREET ADDRESS	<b>161 Red Bass Lane</b>
CITY-ST-ZIP	<b>EDGEWATER FL 32141</b>	3.4 CITY-ST-ZIP	<b>Edgewater, FL 32141</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE	4.1 TITLE	<b>S/D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SCHILLER, CHARLES H SR.</b>	4.2 NAME	<b>Flynn, Evelyn</b>
STREET ADDRESS	<b>4339 MACKEREL CIRCLE</b>	4.3 STREET ADDRESS	<b>135 Pine Street</b>
CITY-ST-ZIP	<b>EDGEWATER FL 32141</b>	4.4 CITY-ST-ZIP	<b>Edgewater, FL 32141</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE	5.1 TITLE	<b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>STONE, DONALD J</b>	5.2 NAME	<b>Easton, Charles</b>
STREET ADDRESS	<b>149 RED BASS LANE</b>	5.3 STREET ADDRESS	<b>4360 Dolphin Way</b>
CITY-ST-ZIP	<b>EDGEWATER FL 32141</b>	5.4 CITY-ST-ZIP	<b>Edgewater, FL 32141</b>
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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: **Loren R. Klein** *Loren R. Klein* 18 Mar. 1987 904-345-0866  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone 8002845

CR2E037 (9/96)