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Apr 28 1998 8:00am  
Secretary of State

<b>NONPROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1998</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N96000001821 (5)**

1. Corporation Name

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

Principal Place of Business

Mailing Address

**4347 MACKEREL CIRCLE**  
**EDGEWATER FL 32141**

**4347 MACKEREL CIRCLE**  
**EDGEWATER FL 32141**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

**04/02/1996**

4. FEI Number

**59-3368117**

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**

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

10. Name and Address of New Registered Agent

**KLEIN, LOREN R**  
**4347 MACKEREL CIRCLE**  
**EDGEWATER FL 32141**

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 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **VD** ☒ DELETE  
NAME **SCHLARMAN, DONALD**  
STREET ADDRESS **184 RED BASS LANE**  
CITY-ST-ZIP **EDGEWATER FL**

TITLE **PD** ☐ DELETE  
NAME **KLEIN, LOREN R**  
STREET ADDRESS **4347 MACKEREL CIRCLE**  
CITY-ST-ZIP **EDGEWATER FL**

TITLE **TD** ☐ DELETE  
NAME **LOTT, L. JANE**  
STREET ADDRESS **181 RED BASS LANE**  
CITY-ST-ZIP **EDGEWATER FL**

TITLE **SD** ☐ DELETE  
NAME **FLYNN, EVELYN**  
STREET ADDRESS **135 PINE STREET**  
CITY-ST-ZIP **EDGEWATER FL**

TITLE **D** ☒ DELETE  
NAME **EASTON, CHARLES**  
STREET ADDRESS **4380 DOLPHIN WAY**  
CITY-ST-ZIP **EDGEWATER FL**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **VD** ☒ Change ☐ Addition  
NAME **Roulf Warrington**  
1.2 NAME  
1.3 STREET ADDRESS **4345 Mackerel Circle**  
1.4 CITY-ST-ZIP **Edgewater, FL 32141**

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE **D** ☒ Change ☐ Addition  
5.2 NAME **Saul Dash**  
5.3 STREET ADDRESS **155 Indian River Drive N.**  
5.4 CITY-ST-ZIP **Edgewater, FL 32141**

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. 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 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*

20 April 1998 (904) 345-0868

CR2E037 (10/97)