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Apr 05, 1999 8:00 am
Secretary of State

04-05-1999 90006 026 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N96000001821

1. Corporation Name

TERRA MAR VILLAGE RESIDENTS ASSOCIATION, INC.

Principal Place of Business

4347 MACKEREL CIRCLE
EDGEWATER FL 32141

Mailing Address

4347 MACKEREL CIRCLE
EDGEWATER FL 32141



2. Principal Place of Business 21 Terra Mar Village Suite, Apt. #, etc. 22 City & State 23 Edgewater, FL 32141 Zip Country 24 25	2a. Mailing Address 26 P. O. Box 1524 Suite, Apt. #, etc. 27 City & State 28 Edgewater, FL 32141 Zip Country 29 30	3. Date Incorporated or Qualified 04/02/1996 4. FEI Number 59-3368117 Applied For Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
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9. Name and Address of Current Registered Agent

KLEIN, LOREN R
4347 MACKEREL CIRCLE
EDGEWATER FL 32141

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 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WARRINGTON, ROULF	1.2 NAME	
STREET ADDRESS	4345 MACKEREL CIRCLE	1.3 STREET ADDRESS	
CITY-ST-ZIP	EDGEWATER FL 32141	1.4 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KLEIN, LOREN R	2.2 NAME	
STREET ADDRESS	4347 MACKEREL CIRCLE	2.3 STREET ADDRESS	
CITY-ST-ZIP	EDGEWATER FL	2.4 CITY-ST-ZIP	
TITLE	TD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOTT, L. JANE	3.2 NAME	TD Stone Don
STREET ADDRESS	161 RED BASS LANE	3.3 STREET ADDRESS	149 Red Bass Lane
CITY-ST-ZIP	EDGEWATER FL	3.4 CITY-ST-ZIP	Edgewater, FL 32141
TITLE	SD <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FLYNN, EVELYN	4.2 NAME	SD Booten Al
STREET ADDRESS	135 PINE STREET	4.3 STREET ADDRESS	4333 Sailfish Circle
CITY-ST-ZIP	EDGEWATER FL	4.4 CITY-ST-ZIP	Edgewater, FL 32141
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DASH, SAUL	5.2 NAME	
STREET ADDRESS	155 INDIAN RIVER DRIVE NORTH	5.3 STREET ADDRESS	
CITY-ST-ZIP	EDGEWATER FL 32141	5.4 CITY-ST-ZIP	
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 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, with all other like empowered.

SIGNATURE: Loren R. Klein
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

30 March 1999 904 345-0771
Date Daytime Phone #

CR2E037 (11/98)