

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 715507

Entity Name: BARR TERRACE , INC.**Current Principal Place of Business:**50 EAST ROAD
DELRAY BEACH, FL 33483**Current Mailing Address:**50 EAST ROAD
DELRAY BEACH, FL 33483**FEI Number:** 59-1284354**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**BURR, ROBERT
50 EAST ROAD
OFFICE
DELRAY BEACH, FL 33483 US*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.***SIGNATURE:** ROBERT BURR

03/22/2019

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	PRESIDENT
Name	SCHANES, STEVE
Address	50 EAST ROAD
City-State-Zip:	DELRAY BEACH FL 33483

Title	VP
Name	FLEISCHER, JOEL
Address	50 EAST ROAD
City-State-Zip:	DELRAY BEACH FL 33483

Title	DIRECTOR
Name	RANA, RITA
Address	50 EAST ROAD
City-State-Zip:	DELRAY BEACH FL 33483

Title	SECRETARY
Name	ARLEN, DOMINEK D
Address	50 EAST ROAD
City-State-Zip:	DELRAY BEACH FL 33483

Title	DIRECTOR
Name	LALLY, TOM
Address	50 EAST ROAD
City-State-Zip:	DELRAY BEACH FL 33483

Title	DIRECTOR
Name	LYNCH, LEN
Address	50 EAST ROAD
City-State-Zip:	DELRAY BEACH FL 33483

Title	TREASURER
Name	SCHECHTER, MARC
Address	50 EAST ROAD
City-State-Zip:	DELRAY BEACH FL 33483

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: STEVE SCHANES

PRESIDENT

03/22/2019

Electronic Signature of Signing Officer/Director Detail

Date