

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Northam  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 MAR 13 AM 10:59

DOCUMENT # 709211 (7)

1. Corporation Name  
MARINA HARBOUR ASSOCIATION, INC.

Principal Place of Business Mailing Address  
68 YACHT CLUB DRIVE 68 YACHT CLUB DRIVE  
NORTH PALM BEACH FL 33408-0934 NORTH PALM BEACH FL 33408-0934

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 06/28/1965	3a. Date of Last Report 02/21/1994
4. FEI Number 59-2204270	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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes: <input type="checkbox"/> Yes <input type="checkbox"/> No	

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	29
25	30

9. Name and Address of Current Registered Agent  
MCLELLAN, ROBERT  
68 YACHT CLUB DR #17  
NORTH PALM BEACH 33408-3934

10. Name and Address of New Registered Agent

B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
B3
B4 City
B5 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, 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	DP	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCLELLAN, ROBERT	1.2 NAME	
STREET ADDRESS	68 YACHT CLUB DR #17	1.3 STREET ADDRESS	
CITY-ST-ZIP	N PALM BCH, FL 00000	1.4 CITY-ST-ZIP	
TITLE	DVP	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ELDRIDGE, WILLIAM	2.2 NAME	
STREET ADDRESS	68 YACHT CLUB DR #6	2.3 STREET ADDRESS	
CITY-ST-ZIP	N PALM BCH, FL 00000	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ARDITO, CHARLES	3.2 NAME	
STREET ADDRESS	68 YACHT CLUB DR #5	3.3 STREET ADDRESS	
CITY-ST-ZIP	N PALM BCH, FL 00000	3.4 CITY-ST-ZIP	
TITLE	DST	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAMS, RENA	4.2 NAME	
STREET ADDRESS	6524B CHACEWOOD DR.	4.3 STREET ADDRESS	
CITY-ST-ZIP	JUPITER FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ELLIOT, JANE	5.2 NAME	
STREET ADDRESS	68 YACHT CLUB DR #19	5.3 STREET ADDRESS	
CITY-ST-ZIP	N PALM BCH, FL	5.4 CITY-ST-ZIP	
TITLE		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 is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 817, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Rena Williams Rona Williams 3/8/95 (407) 796-5830  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #