

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 709211 (7)

1. Corporation Name
MARINA HARBOUR ASSOCIATION, INC.



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

3. Date Incorporated or Qualified: 06/28/1965
3a. Date of Last Report: 03/13/1995
4. FEI Number: 59-2204270
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business
21. Suite, Apt. #, etc.
22. City & State
23. Zip
24. Country
2a. Mailing Address
26. Suite, Apt. #, etc.
27. City & State
28. Zip
29. Country
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
81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
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: *William C. Eldridge* (Typed name of registered agent) *William C. Eldridge, PRES* (Typed name of Registered Agent) DATE: *12 March 1996*

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	MCLELLAN, ROBERT	
STREET ADDRESS	68 YACHT CLUB DR #17	
CITY-ST-ZIP	N PALM BCH, FL 00000	
TITLE	DVP	<input type="checkbox"/> DELETE
NAME	ELDRIDGE, WILLIAM	
STREET ADDRESS	68 YACHT CLUB DR #6	
CITY-ST-ZIP	N PALM BCH, FL 00000	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ARDITO, CHARLES	
STREET ADDRESS	68 YACHT CLUB DR #5	
CITY-ST-ZIP	N PALM BCH, FL 00000	
TITLE	DST	<input type="checkbox"/> DELETE
NAME	WILLIAMS, RENA	
STREET ADDRESS	6524B CHACEWOOD DR.	
CITY-ST-ZIP	JUPITER FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ELLIOT, JANE	
STREET ADDRESS	68 YACHT CLUB DR #19	
CITY-ST-ZIP	N PALM BCH. FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '96

1.1 TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	ELDRIDGE, WILLIAM	
1.3 STREET ADDRESS	68 YACHT CLUB DR., #6	
1.4 CITY-ST-ZIP	NORTH PALM BEACH, FL 33408-3934	
2.1 TITLE	DVP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	MCLELLAN, ROBERT	
2.3 STREET ADDRESS	68 YACHT CLUB DR., #17	
2.4 CITY-ST-ZIP	NORTH PALM BEACH, FL 33408-3934	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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 119.07(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 617, 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* (Typed name of signing officer or director) **Rena Williams** DATE: **3/6/96** (Typed Date) (407) 796-5830 (Typed Phone #)

CR2E037 (12/95)