


FILE NOW: FILING FEE IS \$61.25

FILED
May 11 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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3. Date Incorporated or Qualified 06/28/1965		
4. FEI Number 59-2204270	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
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. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No		
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		

2. Principal Place of Business 21	2a. Mailing Address 26		
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27		
City & State 23	City & State 28		
Zip 24	Country 25	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	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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	DVP <input type="checkbox"/> DELETE
NAME	MCLELLAN, ROBERT
STREET ADDRESS	68 YACHT CLUB DR #17
CITY-ST-ZIP	N PALM BCH, FL 00000
TITLE	DP <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	ALBERT FORAKER
STREET ADDRESS	68 YACHT CLUB DR., #24
CITY-ST-ZIP	N PALM BCH. FL
TITLE	D <input type="checkbox"/> DELETE
NAME	KEN KNIGHT
STREET ADDRESS	68 YACHT CLUB DR., #4
CITY-ST-ZIP	NORTH PALM BEACH FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Ms Lellan, Nancy
1.3 STREET ADDRESS	68 Yacht Club Dr., #17
1.4 CITY-ST-ZIP	North Palm Beach FL 33408-3934
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
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	DVP <input checked="" type="checkbox"/> Change <input type="checkbox"/> 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: *Rena Williams* **REQUIRED** **5/11/98** **(561) 796-5830**

CR2E037 (10/97)