

**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 # 733653 (0)**

1. Corporation Name

**MARATHON COUNTRY CLUB CONDOMINIUM WEST ASSOCIATION, INC.**



Principal Place of Business

Mailing Address

~~P.O. BOX 1200~~ **15 Sombrero**  
MARATHON FL 33050

P.O. BOX 1208  
MARATHON FL 33050

3. Date Incorporated or Qualified

**08/25/1975**

3a. Date of Last Report

**02/07/1995**

2. Principal Place of Business

2a. Mailing Address

**21 15 Sombrero Blvd**

**26** Suite, Apt. #, etc.

4. FEI Number

**59-1699198**

Applied For

Not Applicable

**22** City & State

**27** City & State

5. Certificate of Status Desired

**\$8.75 Additional Fee Required**

**23** Zip

Country

**28** Zip

Country

6. Election Campaign Financing Trust Fund Contribution

**\$5.00 May Be Added to Fees**

**24** Zip

Country

**29** Zip

Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**PIERCE, CHARLOTTE S.  
8042 PORPOISE DRIVE  
MARATHON FL 33050**

**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 **D**  DELETE  
NAME **SILVERS, ARTHUR**  
STREET ADDRESS **15 SOMBRERO BOULEVARD**  
CITY-ST-ZIP **MARATHON, FL 00000 33050**

1.1 TITLE  Change  Addition  
1.2 NAME **Donna Fries**  
1.3 STREET ADDRESS **15 Sombrero Blvd. #5**  
1.4 CITY-ST-ZIP **Marathon, FL 33050**

TITLE **DS**  DELETE  
NAME **DODSON, HELEN**  
STREET ADDRESS **155 OMBRERO BLVD**  
CITY-ST-ZIP **MARATHON FL**

2.1 TITLE  Change  Addition  
2.2 NAME **Ron Fries**  
2.3 STREET ADDRESS **15 Sombrero Blvd. #5**  
2.4 CITY-ST-ZIP **Marathon, FL 33050**

TITLE **DT**  DELETE  
NAME **DODSON, HENRY**  
STREET ADDRESS **15 SOMBRERO BLVD**  
CITY-ST-ZIP **MARATHON, FL 00000**

3.1 TITLE  Change  Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE **D**  DELETE  
NAME **GENTRY, RALPH**  
STREET ADDRESS **15 SOMBRERO BLVD**  
CITY-ST-ZIP **MARATHON FL 33050**

4.1 TITLE  Change  Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE **DP**  DELETE  
NAME **ROBARE, P.**  
STREET ADDRESS **15 SOMBRERO BLVD**  
CITY-ST-ZIP **MARATHON, FL 00000 33050**

5.1 TITLE  Change  Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE **DV**  DELETE  
NAME **ROBARE, L.**  
STREET ADDRESS **15 SOMBRERO BOULEVARD**  
CITY-ST-ZIP **MARATHON FL**

6.1 TITLE  Change  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: **Linda Robare, V. Pres.** 2/12/96

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)