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Mar 13 1997 8:00am
Secretary of State

NONPROFIT CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 733653 (0)

MARATHON COUNTRY CLUB CONDOMINIUM WEST ASSOCIATION, INC.



Principal Place of Business: 15 SOMBRERO BLVD MARATHON FL 33050 US
Mailing Address: P.O. BOX 1208 MARATHON FL 33050

3. Date Incorporated or Qualified: 08/25/1975
3a. Date of Last Report: 02/07/1996

2. Principal Place of Business: 21 State, Apt #, etc.; 22 City & State; 23 Zip; 24 Country
2a. Mailing Address: 26 State, Apt #, etc.; 27 City & State; 28 Zip; 29 Country
4. FEI Number: 59-1699198
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing/Trust Fund Contributions: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent: PIERCE, CHARLOTTE S. 8042 PORPOISE DRIVE MARATHON FL 33050
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, 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: _____ DATE: _____
(NOTE: Registered Agent signature required when reinstating)

Table with columns for OFFICERS AND DIRECTORS and ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS. Rows include FRIES, DONNA; FRIES, RON; GENTRY, RALPH; ROBARE, P.; ROBARE, L.; and S.D. FRANCIS GIDDINGS.

14. I do 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 included 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: *Pierre Robare, President* 3/10/97 305.743.4894
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0078158

CR2E037 (9/96)