

FILE NOW: FILING FEE IS \$61.25

FILED

May 01 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **739411** (7)  
Corporation Name  
**MARINA VILLAGE CONDOMINIUM PHASE I, INC.**



Principal Place of Business <b>31 OCEAN REEF DR #A-207 KEY LARGO FL 33037</b>		Mailing Address <b>31 OCEAN REEF DR #A-207 KEY LARGO FL 33037</b>		3. Date Incorporated or Qualified <b>06/16/1977</b>	
2. Principal Place of Business <b>21 120 Anchor Drive</b> Suite, Apt. #, etc.		2a. Mailing Address <b>26 00 Anchor Drive #476</b> Suite, Apt. #, etc.		4. FEI Number <b>59-1810417</b>	
22 City & State <b>23 Key Largo, FL</b>		27 City & State <b>28 Key Largo, FL</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
24 Zip <b>33037</b>		29 Zip <b>33037</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
25 Country		30 Country		7. Is this nonprofit corporation a home owners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent <b>MOSS, EVELYN 31 OCEAN REEF DRIVE SUITE A-207 KEY LARGO FL 33037</b>				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	

10. Name and Address of New Registered Agent	
81 Name <b>Moss, Evelyn</b>	85 Zip Code <b>33037</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>100 Anchor Drive #476</b>	
83	
84 City <b>Key Largo FL</b>	

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 *Evelyn Moss* **Evelyn Moss** DATE **4-27-98**

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>ST</b> <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<b>SD</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>WESTIN, MARJORIE</b>	1.2 NAME	<b>King, Mary</b>
STREET ADDRESS	<b>31 OCEAN REEF DR #A-207</b>	1.3 STREET ADDRESS	<b>100 Anchor Drive #476</b>
CITY-ST-ZIP	<b>KEY LARGO FL</b>	1.4 CITY-ST-ZIP	<b>Key Largo, FL 33037</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>CULP, MARY ELLEN</b>	2.2 NAME	<b>Blackburn, Marsh</b>
STREET ADDRESS	<b>31 OCEAN REEF DR #A-207</b>	2.3 STREET ADDRESS	<b>100 Anchor Drive #476</b>
CITY-ST-ZIP	<b>KEY LARGO FL</b>	2.4 CITY-ST-ZIP	<b>Key Largo, FL 33037</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<b>TD</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>POSSE, CARL</b>	3.2 NAME	<b>Wyllie, Carol</b>
STREET ADDRESS	<b>31 OCEAN REEF DR #A-207</b>	3.3 STREET ADDRESS	<b>100 Anchor Drive #476</b>
CITY-ST-ZIP	<b>KEY LARGO FL</b>	3.4 CITY-ST-ZIP	<b>Key Largo, FL 33037</b>
TITLE	<b>DVP</b> <input type="checkbox"/> DELETE	4.1 TITLE	<b>PD</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MARX, BYRON D</b>	4.2 NAME	<b>Marx, Byron</b>
STREET ADDRESS	<b>31 OCEAN REEF DR #A-207</b>	4.3 STREET ADDRESS	<b>100 Anchor Drive #476</b>
CITY-ST-ZIP	<b>KEY LARGO FL</b>	4.4 CITY-ST-ZIP	<b>Key Largo, FL 33037</b>
TITLE	<b>P</b> <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<b>VD</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>ANDERSON, ROBERT</b>	5.2 NAME	<b>Techet, Stephen</b>
STREET ADDRESS	<b>31 OCEAN REEF DR #A-207</b>	5.3 STREET ADDRESS	<b>100 Anchor Drive #476</b>
CITY-ST-ZIP	<b>KEY LARGO FL</b>	5.4 CITY-ST-ZIP	<b>Key Largo, FL 33037</b>
TITLE	<b>POA</b> <input type="checkbox"/> DELETE	6.1 TITLE	<b>POA</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MOSS, EVELYN</b>	6.2 NAME	<b>Moss, Evelyn</b>
STREET ADDRESS	<b>31 OCEAN REEF DR #A-207</b>	6.3 STREET ADDRESS	<b>100 Anchor Drive #476</b>
CITY-ST-ZIP	<b>KEY LARGO FL</b>	6.4 CITY-ST-ZIP	<b>Key Largo, FL 33037</b>

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: *Evelyn Moss* **Evelyn Moss** **4-27-98** **305 367-3032**

CR2E037 (1097)