


FILE NOW: FILING FEE IS \$61.25

FILED

**May 01 1997 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 743173 (7)

1. Corporation Name
MARINA VILLAGE CONDOMINIUM PHASE III, INC.



Principal Place of Business 31 OCEAN REEF DR #A-207 KEY LARGO FL 33037-3731	Mailing Address 31 OCEAN REEF DR #A-207 KEY LARGO FL 33037-5281
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3. Date Incorporated or Qualified 06/08/1978	3a. Date of Last Report 05/01/1996
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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
	Country 29
	30

4. FEI Number 59-1900462	Applied For Not Applicable
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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**MOSS, EVELYN
31 OCEAN REEF DR #A-207
KEY LARGO FL 33037**

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	POA <input type="checkbox"/> DELETE
NAME	MOSS, EVELYN
STREET ADDRESS	31 OCEAN REEF DR #A-207
CITY-ST-ZIP	KEY LARGO, FL 33037
TITLE	VD <input type="checkbox"/> DELETE
NAME	DOUVAS, NICHOLAS
STREET ADDRESS	31 OCEAN REEF DR A-207
CITY-ST-ZIP	KEY LARGO FL
TITLE	STD <input type="checkbox"/> DELETE
NAME	KATZ, EDWARD
STREET ADDRESS	31 OCEAN REEF DR A-207
CITY-ST-ZIP	KEY LARGO FL
TITLE	PD <input checked="" type="checkbox"/> DELETE
NAME	MILLER, LINDA
STREET ADDRESS	31 OCEAN REEF DR #A-207
CITY-ST-ZIP	KEY LARGO FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Douvas, Nicholas
2.3 STREET ADDRESS	31 Ocean Reef Dr A207
2.4 CITY-ST-ZIP	Key Largo, FL 33037
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	VD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Miller, John
4.3 STREET ADDRESS	31 Ocean Reef Dr A207
4.4 CITY-ST-ZIP	Key Largo, FL 33037
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 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: *[Signature]* **REQUIRED** 4-25-97 305 367-3232

Date _____ Daytime Phone # 0024437

CR2E037 (9/96)