


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 # 743173 (7)**  
1. Corporation Name  
**MARINA VILLAGE CONDOMINIUM PHASE III, INC.**



Principal Place of Business <b>31 OCEAN REEF DR #A-207 KEY LARGO FL 33037-3731</b>	Mailing Address <b>31 OCEAN REEF DR #A-207 KEY LARGO FL 33037-3731</b>
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3. Date Incorporated or Qualified <b>06/08/1978</b>		
4. FEI Number <b>59-1900462</b>	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>	
7. Is this nonprofit corporation a homeowners association? <input checked="" 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 <b>21 120 Anchor Drive</b>	2a. Mailing Address <b>26 100 Anchor Drive #476</b>
Suite, Apt. #, etc. <b>22</b>	Suite, Apt. #, etc. <b>27</b>
City & State <b>23 Key Largo, FL</b>	City & State <b>28 Key Largo, FL</b>
Zip <b>24 33037</b>	Country <b>25</b>
Zip <b>29 33037</b>	Country <b>30</b>

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 <b>MOSS, Evelyn</b>	
82 Street Address (P.O. Box Number is Not Acceptable) <b>100 Anchor Drive #476</b>	
83	
84 City <b>Key Largo</b>	85 Zip Code <b>FL 33037</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** **4-27-98**

Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE <b>POA</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME <b>Moss, Evelyn</b>	
1.3 STREET ADDRESS <b>100 Anchor Drive #476</b>	
1.4 CITY-ST-ZIP <b>Key Largo, FL 33037</b>	
2.1 TITLE <b>PD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME <b>Douvas, Nicholas</b>	
2.3 STREET ADDRESS <b>100 Anchor Drive #476</b>	
2.4 CITY-ST-ZIP <b>Key Largo, FL 33037</b>	
3.1 TITLE <b>VD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME <b>Katz, Edward</b>	
3.3 STREET ADDRESS <b>100 Anchor Drive #476</b>	
3.4 CITY-ST-ZIP <b>Key Largo, FL 33037</b>	
4.1 TITLE <b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME <b>Lampl, Carl</b>	
4.3 STREET ADDRESS <b>100 Anchor Drive #476</b>	
4.4 CITY-ST-ZIP <b>Key Largo, FL 33037</b>	
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 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** **305367-3032**

CR2E037 (1097)