

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

FILED

95 FEB 17 PM 3:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **745442** (4)

1. Corporation Name
MARINA TOWERS AND YACHT CLUB CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business Mailing Address
8401 ESTERO BLVD. FT MYERS BEACH FL 33901-5106 **8401 ESTERO BLVD. FT MYERS BEACH FL 33901-5106**

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified **12/29/1978** 3a. Date of Last Report **04/08/1994**
4. FEI Number **59-1630568** Applied For Not Applicable

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
**TOP MANAGEMENT OF SW FL INC.
18521 SAN CARLOS BLVD.
SUITE F
FT MYERS FL 33908**

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 607.0502 and 607.1506, 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 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	VD
NAME	GORMAN, WILLIAM
STREET ADDRESS	8401 ESTERO BLVD
CITY-ST-ZIP	FT MYERS BCH FL
TITLE	SD
NAME	COOK, DONNA
STREET ADDRESS	8401 ESTERO BLVD
CITY-ST-ZIP	FT MYERS BCH, FL 00000
TITLE	VD
NAME	SMITH, JAMES D.
STREET ADDRESS	8401 ESTERO BLVD
CITY-ST-ZIP	FT MYERS BCH, FL 00000
TITLE	TD
NAME	LINDSTROM, BRYCE
STREET ADDRESS	8401 ESTERO BLVD
CITY-ST-ZIP	FT MYERS BCH, FL 00000
TITLE	PD
NAME	DI IORI, ANTHONY
STREET ADDRESS	8401 ESTERO BLVD
CITY-ST-ZIP	FT MYERS BCH, FL 00000
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	James D. Smith	
1.3 STREET ADDRESS	8401 Estero Blvd.	
1.4 CITY-ST-ZIP	Ft. Myers Beach, FL	
2.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Richard Sawyer	
2.3 STREET ADDRESS	8401 Estero Blvd	
2.4 CITY-ST-ZIP	Ft. Myers Beach, FL	
3.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Russell Cline	
3.3 STREET ADDRESS	8401 Estero Blvd	
3.4 CITY-ST-ZIP	Ft. Myers Beach, FL	
4.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	James Baumgarten	
4.3 STREET ADDRESS	8401 Estero Blvd.	
4.4 CITY-ST-ZIP	Ft. Myers Beach, FL	
5.1 TITLE	VD - Operations	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Charles Cook	
5.3 STREET ADDRESS	8401 Estero Blvd.	
5.4 CITY-ST-ZIP	Ft. Myers Beach, FL	
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 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *James D. Smith*
NAME AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(Date) (Daytime Phone #)