

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **745442** (4)

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



Principal Place of Business: **8401 ESTERO BLVD. FT MYERS BEACH FL 33931-5106**
Mailing Address: **8401 ESTERO BLVD. FT MYERS BEACH FL 33931-5106**

3. Date Incorporated or Qualified: **12/29/1978**
3a. Date of Last Report: **02/17/1995**

21	2. Principal Place of Business	2a. Mailing Address	26	4. FEI Number	Applied For
		c/o TOP MANAGEMENT		59-1630568	Not Applicable
22	Suite, Apt. #, etc.	Suite, Apt. #, etc.	27	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
		STE 207			
23	City & State	City & State	28	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
		FORT MYERS, FL			
24	Zip	Country	29	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No
			30		

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent				
TOP MANAGEMENT OF SW FL INC. 16521 SAN CARLOS BLVD. SUITE F FT MYERS FL 33908				81	Name			TOP MANAGEMENT OF SW FLORIDA INC
				82	Street Address (P.O. Box Number is Not Acceptable)			16681 MCGREGOR BLVD STE 207
				83	City			FORT MYERS
				84	City	FORT MYERS	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				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	SMITH, JAMES D.			1.2 NAME			
STREET ADDRESS	8401 ESTERO BLVD			1.3 STREET ADDRESS			
CITY-ST-ZIP	FT MYERS BCH FL			1.4 CITY-ST-ZIP			
TITLE	VD	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	SAWYER, RICHARD			2.2 NAME			
STREET ADDRESS	8401 ESTERO BLVD			2.3 STREET ADDRESS			
CITY-ST-ZIP	FT MYERS BCH, FL 00000			2.4 CITY-ST-ZIP			
TITLE	SD	<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	CLINE, RUSSELL			3.2 NAME			
STREET ADDRESS	8401 ESTERO BLVD			3.3 STREET ADDRESS			
CITY-ST-ZIP	FT MYERS BCH, FL 00000			3.4 CITY-ST-ZIP			
TITLE	TD	<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	BAUMGARTEN, JAMES			4.2 NAME			
STREET ADDRESS	8401 ESTERO BLVD			4.3 STREET ADDRESS			
CITY-ST-ZIP	FT MYERS BCH, FL 00000			4.4 CITY-ST-ZIP			
TITLE	VD	<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	COOK, CHARLES			5.2 NAME			
STREET ADDRESS	8401 ESTERO BLVD			5.3 STREET ADDRESS			
CITY-ST-ZIP	FT MYERS BCH, FL 00000			5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				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 617, 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* **JAMES D SMITH** **4-23-96-941-466-3330**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **President** Date Daytime Phone #

CR2E037 (12/95)