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Apr 30 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 # 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 C/O TOP MANAGEMENT 16681 MCGREGOR BLVD SUITE 207 FT MYERS FL 33908-3870 US
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3. Date Incorporated or Qualified 12/29/1978	3a. Date of Last Report 05/01/1996
4. FEI Number 59-1630568	Applied For <input type="checkbox"/> 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	

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	29
25	30

9. Name and Address of Current Registered Agent

**TOP MANAGEMENT OF SW FL INC.
16681 MCGREGOR BLVD STE 207
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 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 checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" 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 checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" 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 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: *James D. Smith* **REQUIRED JAMES SMITH, PRESIDENT** 04-15-97
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0056388

CR2E037 (9/96)