

FILE NOW: FILING FEE IS \$61.25

FILED
Apr 27 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam 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 33906 US
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3. Date Incorporated or Qualified 12/29/1978	
4. FEI Number 59-1630568	Applied For <input type="checkbox"/> Yes <input checked="" 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	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" 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 checked="" type="checkbox"/> No	

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
Zip 29	Country 30

9. Name and Address of Current Registered Agent

**TOP MANAGEMENT OF SW FL INC.
16681 MCGREGOR BLVD STE 207
FT MYERS FL 33906**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1506, 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 617.0503, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		
TITLE	PD	<input type="checkbox"/> DELETE
NAME	SMITH, JAMES D.	
STREET ADDRESS	8401 ESTERO BLVD	
CITY - ST - ZIP	FT MYERS BCH FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	SAWYER, RICHARD	
STREET ADDRESS	8401 ESTERO BLVD	
CITY - ST - ZIP	FT MYERS BCH, FL 00000	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	MCINTOSH, CONNIE	
STREET ADDRESS	8401 ESTERO BLVD.	
CITY - ST - ZIP	FT MYERS BCH, FL 00000	
TITLE	ASTD	<input type="checkbox"/> DELETE
NAME	JONES, RAYMOND	
STREET ADDRESS	8401 ESTERO BLVD.	
CITY - ST - ZIP	FT MYERS BCH, FL 00000	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	COOK, CHARLES	
STREET ADDRESS	8401 ESTERO BLVD	
CITY - ST - ZIP	FT MYERS BCH, FL 00000	
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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
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: *James D. Smith* 4-14-98 941-463-5889

CFR2E037 (10/97)