

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 746801 (0)
1. Corporation Name
MARINA SOUTH SHORE CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business Mailing Address
3200 SOUTH SHORE DRIVE PUNTA GORDA FL 33955

3. Date Incorporated or Qualified **04/19/1979** 3a. Date of Last Report **04/25/1995**
4. FEI Number **59-2000787** Applied For
Not Applicable
5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ 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 25 Country 29 Zip 30 Country

9. Name and Address of Current Registered Agent

**BECKER & POLIAKOFF, PA
8260 COLLEGE PKWY STE 104
FOUNTAIN COURT
FT MYERS FL 33919**

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

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	PD	<input checked="" type="checkbox"/> DELETE
NAME	DOMMERMUTH, WILLIAM	
STREET ADDRESS	3220 S. SHORE DRIVE 23B	
CITY-ST-ZIP	PUNTA GORDA FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	RIDLON, HERRICK	
STREET ADDRESS	3250 S. SHORE DRIVE 54B	
CITY-ST-ZIP	PUNTA GORDA FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	COOKE, RONALD	
STREET ADDRESS	3270 S. SHORE DR. 73C	
CITY-ST-ZIP	PUNTA GORDA FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	INGERSON, HELEN	
STREET ADDRESS	3230 S. SHORE DRIVE 34C	
CITY-ST-ZIP	PUNTA GORDA FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	PECK, CARSON	
STREET ADDRESS	3260 S SHORE DR, 61A	
CITY-ST-ZIP	PUNTA GORDA FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	JARDEN, CARROLL	
STREET ADDRESS	3230 S. SHORE DRIVE 33C	
CITY-ST-ZIP	PUNTA GORDA FL	

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	NADLER, STEPHEN	
1.3 STREET ADDRESS	3270 S. SHORE DR. 73C	
1.4 CITY-ST-ZIP	Punta Gorda, FL 33955	
2.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	HERRICK	
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	ADD VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	RIDLON, HERRICK	
3.3 STREET ADDRESS	3250 S. Shore Dr.	
3.4 CITY-ST-ZIP	Punta Gorda FL 33955	
4.1 TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	OTTENS, RICHARD	
4.3 STREET ADDRESS	3280 S. Shore Dr.	
4.4 CITY-ST-ZIP	Punta Gorda, FL 33955	
5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	KUTIL, JOHN	
5.3 STREET ADDRESS	3250 S. Shore Dr.	
5.4 CITY-ST-ZIP	Punta Gorda, FL 33955	
6.1 TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	JAMES, FRANK	
6.3 STREET ADDRESS	3260 S. Shore Dr.	
6.4 CITY-ST-ZIP	Punta Gorda, FL 33955	

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:

Franklin James Treus
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/96 (941) 637-7976
Date Daytime Phone #

CR2E037 (12/95)