


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

APPROVED AND FILED
 95 FEB -1 AM 8:45
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995



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

DOCUMENT # 752930 (8)
 1. Corporation Name
MARILYN PINES UNIT I CONDOMINIUM ASSOCIATION, IN C.

Principal Place of Business Mailing Address
 552 MAIN STREET SAFETY HARBOR FL 34695
 552 MAIN STREET SAFETY HARBOR FL 34695

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

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified 3a. Date of Last Report
 06/12/1980 03/09/1994

4. FEI Number Applied For
 59-3062156 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

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
 STEVEN H. MEZER PA
 1212 COURT STREET
 STE. B
 CLEARWATER FL 34616

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 607.1508, 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 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	JANE SHULMAN
STREET ADDRESS	2060 MARILYN ST. #202
CITY-ST-ZIP	CLEARWATER, FL 00000 34625
TITLE	P
NAME	FUCHS, BOB
STREET ADDRESS	2060 MARILYN ST. #215
CITY-ST-ZIP	CLEARWATER, FL 00000
TITLE	T
NAME	NEUMEYER, VERA
STREET ADDRESS	2060 MARILYN ST 212
CITY-ST-ZIP	CLEARWATER, FL 00000
TITLE	6D
NAME	KNIGHT, JIM
STREET ADDRESS	405 PATRICIA AVE.
CITY-ST-ZIP	CLEARWATER, FL 00000 34625
TITLE	VD
NAME	PALAZZOTTO, TOM
STREET ADDRESS	6 BEECHWOOD COURT
CITY-ST-ZIP	BARNAGAT NJ
TITLE	
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 checked="" type="checkbox"/> Addition
4.2 NAME	5D FRANCES SULLIVAN
4.3 STREET ADDRESS	2060 MARILYN ST. #107
4.4 CITY-ST-ZIP	CLEARWATER, FL 34625
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 checked="" type="checkbox"/> Addition
6.2 NAME	D LOLA DUNCAN
6.3 STREET ADDRESS	2060 MARILYN ST #110
6.4 CITY-ST-ZIP	CLEARWATER, FL 34625

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 110.07(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: Robert J. Fuchs 1/26/95 726-2329
 SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Division/Office #