

FILE NOW: FILING FEE IS \$61.25

FILED

May 13 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 # **752930** (8)
1. Corporation Name
MARILYN PINES UNIT I CONDOMINIUM ASSOCIATION, IN C.



Principal Place of Business 5920 MONROE ST SAFETY HARBOR FL 34895 XXXXXXXX XXXXX	Mailing Address 5920 MONROE ST SAFETY HARBOR FL 34895-0540 XXXXXXXXXXXXXXXXXX
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2. Principal Place of Business 21 c/o C&N PROP MGMT INC Suite, Apt. #, etc. 22 2697B SUNSET PT RD City & State 23 CLEARWATER, FL Zip 24 33759 Country 25 USA		2a. Mailing Address 26 c/o C&N PROP MGMT INC Suite, Apt. #, etc. 27 2697 SUNSET PT RD City & State 28 CLEARWATER, FL Zip 29 33759 Country 30 USA		3. Date Incorporated or Qualified 06/12/1980	3a. Date of Last Report 03/06/1996
		4. FEI Number 59-3062156		Applied For 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 checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent STEVEN H. MERTZ, JR. 1232 COURT STREET ST. PETERS CLEARWATER FL 34618		10. Name and Address of New Registered Agent 81 Name NASSER, WILLIAM J. 82 Street Address (P.O. Box Number is Not Acceptable) c/o C&N PROP MGMT INC 83 2697B SUNSET PT RD 84 City CLEARWATER FL 85 Zip Code 33759	
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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]* (NOTE: Registered Agent signature required when reinstating) *[Signature]* DATE *4/15/97*

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D JANE SHULMAN 2060 MARILYN ST. #202 CLEARWATER, FL 00000 34625 <input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P FUCHS, BOB 2060 MARILYN ST. #215 CLEARWATER, FL 00000 <input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T NEUMEYER, VERA 2060 MARILYN ST 212 CLEARWATER, FL 00000 <input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD PALAZZOTTO, TOM 6 BEECHWOOD COURT BARNAGAT NJ <input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD DUNCAN, LOLA 2060 MARILYN ST #110 CLEARWATER FL <input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
		TD SAMBATARO, CARL 2060 MARILYN ST #207 CLEARWATER, FL 34625	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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: *[Signature]* SIGNING OFFICER OR DIRECTOR DATE *4/24/97* DAYTIME PHONE *813-791-6009* 0089208

CR2E037 (9/96)