

**FILE NOW: FILING FEE IS \$61.25**

**FILED**  
**Apr 30 1998 8:00am**  
**Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> 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 <b>2697 B SUNSET PT RD                  CLEARWATER FL 33759                  US</b>	Mailing Address <b>2697 SUNSET PT RD                  CLEARWATER FL 33759                  US</b>
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3. Date Incorporated or Qualified  
**06/12/1980**

4. FEI Number  
**59-3062156**

Applied For	<input type="checkbox"/>
Not Applicable	<input type="checkbox"/>

2. Principal Place of Business <b>21</b> Suite, Apt. #, etc. <b>22</b> City & State <b>23</b> Zip <b>24</b> Country	2a. Mailing Address <b>26</b> Suite, Apt. #, etc. <b>27</b> City & State <b>28</b> Zip <b>29</b> Country
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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. Is this nonprofit corporation a homeowners association?  
 Yes  No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  
 Yes  No

9. Name and Address of Current Registered Agent

**NASSER, WILLIAM J**  
**2697 B SUNSET PT RD**  
**CLEARWATER FL 33759**

10. Name and Address of New Registered Agent

<b>81</b> Name	
<b>82</b> Street Address (P.O. Box Number is Not Acceptable)	
<b>83</b>	
<b>84</b> City	<b>FL</b>
<b>85</b> 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 re-instating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	1.1 TITLE	<b>T</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>JANE SHULMAN</b>	1.2 NAME	
STREET ADDRESS	<b>2080 MARILYN ST. #202</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>CLEARWATER, FL 00000 34825</b>	1.4 CITY-ST-ZIP	
TITLE	<b>P</b> <input type="checkbox"/> DELETE	2.1 TITLE	<b>S</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FUCHS, BOB</b>	2.2 NAME	
STREET ADDRESS	<b>2080 MARILYN ST. #215</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>CLEARWATER, FL 00000</b>	2.4 CITY-ST-ZIP	
TITLE	<b>V</b> <input type="checkbox"/> DELETE	3.1 TITLE	<b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>NEUMEYER, VERA</b>	3.2 NAME	
STREET ADDRESS	<b>2080 MARILYN ST 212</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>CLEARWATER, FL 00000</b>	3.4 CITY-ST-ZIP	
TITLE	<b>VD</b> <input type="checkbox"/> DELETE	4.1 TITLE	<b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PALAZZOTTO, TOM</b>	4.2 NAME	
STREET ADDRESS	<b>6 BEECHWOOD COURT</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>BARNAGAT NJ</b>	4.4 CITY-ST-ZIP	
TITLE	<b>SD</b> <input type="checkbox"/> DELETE	5.1 TITLE	<b>VP</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DUNCAN, LOLA</b>	5.2 NAME	
STREET ADDRESS	<b>2080 MARILYN ST #110</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>CLEARWATER FL</b>	5.4 CITY-ST-ZIP	
TITLE	<b>TD</b> <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<b>P</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>SAMBATARO, CARL</b>	6.2 NAME	<b>MILLER, MARION R.</b>
STREET ADDRESS	<b>2080 MARILYN ST #207</b>	6.3 STREET ADDRESS	<b>2060 MARILYN STREET #102</b>
CITY-ST-ZIP	<b>CLEARWATER FL</b>	6.4 CITY-ST-ZIP	<b>CLEARWATER, FL 33765</b>

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: *Bob Fuchs* 4/15/98 1813799-0079

CR2E037 (10/97)