

FILE NOW: FILING FEE IS \$61.25

**FILED**  
**May 10, 1999 8:00 am**  
**Secretary of State**

05-10-1999 90293 027 \*\*\*\*61.25

NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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<b>DOCUMENT #</b> 1. Corporation Name:	752930 MARILYN PINES UNIT 1 CONDOMINIUM ASSOC., INC.
Principal Place of Business	Mailing Address
3438 East Lake Rd., #22 Palm Harbor, FL 34685	3438 East Lake Rd., #22 Palm Harbor, FL 34685

\* 5 4 540459<sup>N</sup> - 90293 - 27

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 6/12/80
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-3062156
City & State 23	City & State 28	Applied For Not Applicable
Zip 24	Country 25	5. Certificate of Status Desired <input type="checkbox"/>
Zip 29	Country 30	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees

**9. Name and Address of Current Registered Agent**

William J. Nasser  
 2697B Sunset Point Rd.  
 Clearwater, FL 33759

**10. Name and Address of New Registered Agent**

81 Name: James M. Nolan  
 82 Street Address (P.O. Box Number is Not Acceptable): 3438 East Lake Rd., #22  
 83  
 84 City: Palm Harbor  
 85 Zip Code: FL 34685

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: *James M. Nolan* DATE: *4/28/99*

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Marion Miller	1.2 NAME	
STREET ADDRESS	2060 Marilyn St.	1.3 STREET ADDRESS	
CITY-ST-ZIP	Clearwater, FL 33765	1.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Lola Ellis-Duncan	2.2 NAME	
STREET ADDRESS	2060 Marilyn St.	2.3 STREET ADDRESS	
CITY-ST-ZIP	Clearwater, FL 33765	2.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Robert Fuchs	3.2 NAME	
STREET ADDRESS	2492 Laurelwood Dr.	3.3 STREET ADDRESS	
CITY-ST-ZIP	Clearwater, FL 33763	3.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Jane Shulman	4.2 NAME	
STREET ADDRESS	2060 Marilyn St.	4.3 STREET ADDRESS	
CITY-ST-ZIP	Clearwater, FL 33765	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Carl Sambataro	5.2 NAME	
STREET ADDRESS	2060 Marilyn St.	5.3 STREET ADDRESS	
CITY-ST-ZIP	Clearwater, FL 33765	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Vera Neumeyer	6.2 NAME	
STREET ADDRESS	2060 Marilyn St.	6.3 STREET ADDRESS	
CITY-ST-ZIP	Clearwater, FL 33765	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, with all other like empowered.

SIGNATURE: *Robert Fuchs* Robert Fuchs Secy. DATE: *4/29/99* 727 785-8887

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

