

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **755705** (1)

1. Corporation Name

MARINA ISLES CONDOMINIUM ASSOCIATION, INC.



700001873117
-06/24/96--01032--027
***61.25

Principal Place of Business

Mailing Address

150 MARINA ISLES DR
UNIT 201
ENGLEWOOD FL 34223

150 MARINA ISLES DR
UNIT 201
ENGLEWOOD FL 34223

3. Date Incorporated or Qualified
12/29/1980

3a. Date of Last Report
04/12/1995

2. Principal Place of Business

2a. Mailing Address

21 **150 Marina Isles Dr.**

26 **16 Church Street**

4. FEI Number
59-2314569

Applied For
Not Applicable

22 **Unit # 108**

Suite, Apt. #, etc.

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

23 **Englewood Fl.**

27
City & State
Osprey, Fl. 34229

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

24 **34223**

28
Zip
34229

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HOOK, BOYD L.
150 MARINA ISLES DR. #403
UNIT 402
ENGLEWOOD FL 34223-2017

81 Name
Lighthouse Management
82 Street Address (P.O. Box Number is Not Acceptable)
16 Church Street
83
84 City
Osprey 85 Zip Code
FL 34229

11. Pursuant to the provisions of Sections 617.0602 and 617.1503, 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

J. LLOYD KEITH

Signature, typed, printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '95

TITLE	DP	<input type="checkbox"/> DELETE
NAME	TOBIN, EDWARD	
STREET ADDRESS	47005 LAKEVIEW, GRAND BEACH	
CITY-ST-ZIP	NEW BUFFALO MI	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DANIEL, RICHARD	
STREET ADDRESS	11154 JARDIN PL.	
CITY-ST-ZIP	CINCINNATI OH	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HOOK, BOYD	
STREET ADDRESS	150 MARINA ISLES DR #403	
CITY-ST-ZIP	ENGLEWOOD FL	
TITLE	DV	<input checked="" type="checkbox"/> DELETE
NAME	BARBER, RALPH	
STREET ADDRESS	150 MARINA ISLES DR #201	
CITY-ST-ZIP	ENGLEWOOD, FL 00000	
TITLE	DVP	<input checked="" type="checkbox"/> DELETE
NAME	MCLAUGHLIN, JOHN	
STREET ADDRESS	150 MARINA ISLES DR #306	
CITY-ST-ZIP	ENGLEWOOD FL	

11 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	EDWARD TOBIN	
13 STREET ADDRESS	150 MARINA ISLES DR. UNIT 108	
14 CITY-ST-ZIP	ENGLEWOOD, FL. 34223	
21 TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	BOYD HOOK	
23 STREET ADDRESS	150 MARINA ISLES DR. UNIT 403	
24 CITY-ST-ZIP	ENGLEWOOD, FL. 34223	
31 TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
32 NAME	JOHN BLACKINGTON	
33 STREET ADDRESS	29 GREY COURT	
34 CITY-ST-ZIP	RYE BEACH, N. H. 03870	
41 TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
42 NAME	ALEXANDER GAGNON	
43 STREET ADDRESS	149 ENGLEWOOD ISLES PKWY	
44 CITY-ST-ZIP	ENGLEWOOD, FL. 34223	
51 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
52 NAME	BOB BLUTTAMUELLER	
53 STREET ADDRESS	150 MARINA ISLES DR. UNIT 308	
54 CITY-ST-ZIP	ENGLEWOOD, FL. 34223	
61 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
62 NAME	WILMA BESHOR	
63 STREET ADDRESS	330 SOUTH SUNSET	
64 CITY-ST-ZIP	LAGRANGE, IL 60525	

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 of Block 13 if changed, or on an attachment with an address.

SIGNATURE:

J. LLOYD KEITH

6-13-96

941-966-6844

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)

06-23-96
OK