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Apr 23 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # 755705 (1)
1. Corporation Name
MARINA ISLES CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business: 150 MARINA ISLES DR UNIT 108 ENGLEWOOD, FL 34223
Mailing Address: 16 CHURCH ST OSPREY FL 34229-0349 US

3. Date Incorporated or Qualified: 12/29/1980
3a. Date of Last Report: 06/23/1996

2. Principal Place of Business: 21 Lighthouse Mgmt + Realty, 16 Church St, Osprey FL 34229
2a. Mailing Address: 27 Lighthouse Mgmt + Realty, 16 Church St, Osprey, FL 34229
23. City & State: Osprey FL
24. Zip: 34229
25. Country: US

4. FEI Number: 59-2314569
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
LIGHTHOUSE MANAGEMENT
16 CHURCH ST
OSPREY FL 34229

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 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 and accept the obligations of, Section 617.0503, Florida Statutes.
SIGNATURE: J. Lloyd Keith, Managing Agent + Assist Secretary 4/13/97

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	TOBIN, EDWARD	
STREET ADDRESS	150 MARINA ISLES DR #108	
CITY-ST-ZIP	ENGLEWOOD FL 34223	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DANIEL, RICHARD	
STREET ADDRESS	11154 JARDIN PL.	
CITY-ST-ZIP	CINNACINATTI OH	
TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	HOOK, BOYD	
STREET ADDRESS	150 MARINA ISLES DR #403	
CITY-ST-ZIP	ENGLEWOOD FL 34223	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	BLACKINGTON, JOHN	
STREET ADDRESS	29 GREY CT	
CITY-ST-ZIP	RYE BEACH NH 03870	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	GAGNON, ALEXANDER	
STREET ADDRESS	149 ENGLEWOOD ISLES PKWY	
CITY-ST-ZIP	ENGLEWOOD FL 34223	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	KEITH, J. LLOYD	
STREET ADDRESS	16 CHURCH ST	
CITY-ST-ZIP	OSPREY FL 34229	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Barber, June	
1.3 STREET ADDRESS	150 MARINA ISLES DR.	
1.4 CITY-ST-ZIP	Englewood, FL.	
2.1 TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Doon Williams	
2.3 STREET ADDRESS	150 MARINA ISLES DR.	
2.4 CITY-ST-ZIP	Englewood, FL.	
3.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	HOOK, BOYD	
3.3 STREET ADDRESS	150, Marina Isles Dr.	
3.4 CITY-ST-ZIP	Englewood, FL.	
4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Beshear, William	
4.3 STREET ADDRESS	330 South Sunset	
4.4 CITY-ST-ZIP	Lagrange, GA	
5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	BLUTTAU MUELLER	
5.3 STREET ADDRESS	150 MARINA ISLES DR.	
5.4 CITY-ST-ZIP	Englewood, FL.	
6.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	McConeghy, JANET	
6.3 STREET ADDRESS	150 MARINA ISLES DR.	
6.4 CITY-ST-ZIP	Englewood, FL.	

14. I do 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: J. Lloyd Keith 4-12-97 9419666844

CR2E037 (9/96)

#13

[✓ addition]

△

Bywater, Spike
150 MARINA ISLES DR.
Englewood, FL.