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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 755705

1. Corporation Name

MARINA ISLES CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

LIGHTHOUSE MGMT & REALTY  
16 CHURCH ST  
OSPREY FL 34229  
US

Mailing Address

LIGHTHOUSE MGMT & REALTY  
16 CHURCH ST  
OSPREY FL 34229  
US



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

12/29/1980

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number  
59-2314569

Applied For  
Not Applicable

23 City & State

27 City & State

5. Certificate of Status Desired

\$8.75 Additional Fee Required

24 Zip 25 Country

28 Zip 29 Country 30

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

TOBIN, EDWARD  
MARINA ISLES CONDO ASSOC INC  
OSPREY FL 34229

10. Name and Address of New Registered Agent

81 Name Edward Tobin President  
82 Street Address (P.O. Box Number is Not Acceptable) Marina Isles Condo Assoc. Inc.  
83 16 Church Street  
84 City Osprey FL 85 Zip Code 34229

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 *Edward J. Tobin*  
Signature, typed or printed name of registered agent and title if applicable.

Edward Tobin President 2/4/99  
(NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input type="checkbox"/> DELETE
NAME	TOBIN, EDWARD	
STREET ADDRESS	150 MARINA ISLES DR #108	
CITY-ST-ZIP	ENGLEWOOD FL 34223	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	BARBER, JUNE	
STREET ADDRESS	150 MARINA ISLES DR, #201	
CITY-ST-ZIP	ENGLEWOOD FL 34223	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	BLUTTAU, MUELLER	
STREET ADDRESS	150 MARINA ISLES DR, #308	
CITY-ST-ZIP	ENGLEWOOD FL 34223	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	WILLIAMS, DONN	
STREET ADDRESS	150 MARINA ISLES DR, #405	
CITY-ST-ZIP	ENGLEWOOD FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	GAGNON, ALEXANDER	
STREET ADDRESS	149 ENGLEWOOD ISLES PKWY #301	
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	

1.1 TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Joseph (Spike) Bywater	
1.3 STREET ADDRESS	916 Brookwood Dr.	
1.4 CITY-ST-ZIP	Lakeland, FL 33813	
2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Mary Ann Smith	
2.3 STREET ADDRESS	57 Pelican Dr.	
2.4 CITY-ST-ZIP	Walpole, MA 02081	
3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Kenneth Hart	
3.3 STREET ADDRESS	R.R. #1 Box 63	
3.4 CITY-ST-ZIP	Henryville, PA 18332	
4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Janet McConeghy	
4.3 STREET ADDRESS	150 Marina Isles Dr. #508	
4.4 CITY-ST-ZIP	Englewood, FL 34223	
5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	James Eck	
5.3 STREET ADDRESS	150 Marina Isles Dr #612	
5.4 CITY-ST-ZIP	Englewood, FL 34223	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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: *Edward J. Tobin*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/4/99

Date Daytime Phone #

CR2E037 (11/98)