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CORPORATION
ANNUAL REPORT
1995



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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

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DOCUMENT # 759183 (7)

1. Corporation Name

MARKER "5" CONDOMINIUM ASSOCIATION, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
10201 GULF BLVD C/O RESOURCE
1601 E BAY DR S 4 1601 E BAY DR S 4
REDINGTON SHORES FL 33708 LARGO FL 34041
US

3. Date Incorporated or Qualified 07/15/1981	3a. Date of Last Report 02/22/1994
4. FEI Number 59-2105474	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under §. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26 103 Cleveland Ave S.W.
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28 LARGO FL
Zip 24	Zip 29 34640
Country 25	Country 30 USA

9. Name and Address of Current Registered Agent
HAUSER, RICHARD B
RESOURCE PROPERTY MANAGEMENT
1601 EAST BAY DR, SUITE 4
LARGO FL 34641

81 Name Debra Reinhardt	85 Zip Code 34640
82 Street Address (P.O. Box Number is Not Acceptable) Resource Property Mgmt 103 Cleveland Ave S.W.	
83 City LARGO	84 State FL

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP O'CONNOR, FRANCIS X 18201 GULF BLVD #305 REDINGTON SHRS FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DT ALEXANDER, ANNA BELLE 18201 GULF BLVD REDINGTON SHRS FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DV SPRADLIN, MARILYN 18201 GULF BLVD #303 REDINGTON SHRS FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DS FIGGHER, JEANETTE 18201 GULF BLVD 302 REDINGTON SHRS FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BERKEY, CHARLES 18201 GUN BLVD, #204 REDINGTON SHORES FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Director Therese Janet 18201 Gulf Blvd #205 Redington Shores FL 33708
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 110.07(3)(b), 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Francis X O'Connor FRANCIS X O'CONNOR 2/11/95 813-398-2373
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (Daytime Phone #)
Francis X. O'Connor