

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 # 759183 (7)

1. Corporation Name

MARKER "5" CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

Mailing Address

18201 GULF BLVD
1801 E BAY DR S 4
REDINGTON SHORES FL 33708
US

% RESOURCE
103 SW CLEVELAND AVE
LARGO FL 34640
US

3. Date Incorporated or Qualified
07/15/1981

3a. Date of Last Report
03/24/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

59-2105474

Applied For

Not Applicable

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

10. Name and Address of New Registered Agent

REINHARDT, DEBRA
RESOURCE PROPERTY MANAGEMENT
103 SW CLEVELAND AVE
LARGO FL 34640

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. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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	DP	<input type="checkbox"/> DELETE
NAME	O'CONNOR, FRANCES X	
STREET ADDRESS	18201 GULF BLVD #305	
CITY-ST-ZIP	REDINGTON SHRS FL	
TITLE	DT	<input checked="" type="checkbox"/> DELETE
NAME	ALEXANDER, ANNA BELLE	
STREET ADDRESS	18201 GULF BLVD	
CITY-ST-ZIP	REDINGTON SHRS FL	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	SPRADLIN, MARILYN	
STREET ADDRESS	18201 GULF BLVD #303	
CITY-ST-ZIP	REDINGTON SHRS FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	JONET, THERESE	
STREET ADDRESS	18201 GULF BLVD #205	
CITY-ST-ZIP	REDINGTON SHRS FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BERKEY, CHARLES	
STREET ADDRESS	18201-GUN BLVD., #204	
CITY-ST-ZIP	REDINGTON SHORES FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	DIT Larry Franklin
2.3 STREET ADDRESS	8360 144th Lane N.
2.4 CITY-ST-ZIP	Seminole FL 34646
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
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 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 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Frances X O'Connor
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
FRANCES X O'CONNOR

2/26/96
Date

398-2373
Daytime Phone #

CR2E037 (12/95)