

FILE NOW: FILING FEE IS \$61.25

FILED
Mar 10, 1999 8:00 am
Secretary of State

03-10-1999 90089 046 ****61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # 759183

1. Corporation Name

MARKER "5" CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

18201 GULF BLVD
REDINGTON SHORES FL 33708
US

Mailing Address

% RESOURCE
103 SW CLEVELAND AVE
LARGO FL 33770
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

25

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

30

Country

3. Date Incorporated or Qualified

07/15/1981

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

9. Name and Address of Current Registered Agent

REINHARDT, DEBRA
RESOURCE PROPERTY MANAGEMENT
103 SW CLEVELAND AVE
LARGO FL 33770

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. 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 VPD
NAME O'CONNOR, FRANCES X
STREET ADDRESS 18201 GULF BLVD #305
CITY-ST-ZIP REDINGTON SHRS FL

☐ DELETE

TITLE PD
NAME FRANKLIN, LARRY
STREET ADDRESS 18201 GULF BLVD., #406
CITY-ST-ZIP REDINGTON SHORES FL

☐ DELETE

TITLE D
NAME ROBERT FOX
STREET ADDRESS 18201 GULF BLVD #403
CITY-ST-ZIP REDINGTON SHRS FL

☒ DELETE

TITLE STD
NAME MEANA, CANDIDO
STREET ADDRESS 18201 GULF BLVD., #405
CITY-ST-ZIP REDINGTON SHRS FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☒ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☒ Addition

Director
Mrs. Constance McCormick
18201 Gulf Blvd # 304
Redington Shores, FL 33708

Director/Treasurer
Mr. Al Melendez
18201 Gulf Blvd #
Redington Shores FL 33708

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: *[Signature]* REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-26-99 (727) 321-3662

Date Daytime Phone #

CR2E037 (1/98)