

**DOCUMENT # 759183**

1. Entity Name

**MARKER "5" CONDOMINIUM ASSOCIATION, INC.**

03-03-2000 90186 022 \*\*\*\*\*61.25

Principal Place of Business	Mailing Address
18201 GULF BLVD REDINGTON SHORES FL 33708 US	% RESOURCE 103 SW CLEVELAND AVE LARGO FL 33770-3604 US

<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number	59-2105474	Applied For	
		Not Applicable	
5. Certificate of Status Desired	<input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	<div>FL</div> <div>Zip Code</div>

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

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

<p><b>FILE NOW:</b> <b>FEE IS \$61.25</b></p>	<p>9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/></p> <p><b>\$5.00</b> May Be Added to Fees</p>	<p><b>Make Check Payable to Department of State</b></p>
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10.	OFFICERS AND DIRECTORS	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	O'CONNOR, FRANCES X	
STREET ADDRESS	18201 GULF BLVD #305	
CITY-ST-ZIP	REDINGTON SHRS FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	FRANKLIN, LARRY	
STREET ADDRESS	18201 GULF BLVD., #406	
CITY-ST-ZIP	REDINGTON SHORES FL	
TITLE	STD	<input type="checkbox"/> Delete
NAME	MEANA, CANDIDO	
STREET ADDRESS	18201 GULF BLVD., #405	
CITY-ST-ZIP	REDINGTON SHRS FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MCCORMICK, CONSTANCE	
STREET ADDRESS	18201 GULF BLVD. 304	
CITY-ST-ZIP	REDINGTON SHORE FL 33708	
TITLE	DT	<input type="checkbox"/> Delete
NAME	MELENDEZ, AL	
STREET ADDRESS	18201 GULF BLVD	
CITY-ST-ZIP	REDINGTON SHORE FL 33708	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director, Treasurer <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director/Secretary Franklin Jara 1801 Gulf Blvd #406 Redington Shores, FL <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director, Vice President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** Kang A. Han **President** 2/7/00  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CFR2E037 (9/99)