

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 # **761270** (8)

1. Corporation Name

**MARINATOWN VILLAGE, A CONDOMINIUM ASSOCIATION, I
NC.**



Principal Place of Business

Mailing Address

**12734-32 KENWOOD LANE
FT MYERS FL 33907
US**

**12734-32 KENWOOD LANE
FT MYERS FL 33907
US**

3. Date Incorporated or Qualified
12/30/1981

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number
59-2393150

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

City & State

City & State

23

28

6. Election Campaign Financing
Trust Fund Contribution ☐ **\$5.00 May Be
Added to Fees**

Zip

Country

Zip

Country

24

25

29

30

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

**MICHAEL FLEMING & ASSOCIATES
12734-32 KENWOOD LANE
FT MYERS FL 33907**

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 617.1506, 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	DT	<input checked="" type="checkbox"/> DELETE
NAME	BERT, TIMOTHY	
STREET ADDRESS	1020 ST. CLAIR	
CITY-ST-ZIP	N. FT. MYERS FL	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	FERRY, BOB	
STREET ADDRESS	1581 PALM AVE	
CITY-ST-ZIP	N. FT. MYERS FL	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	HOOIHAN, JR., THOMAS	
STREET ADDRESS	3440 MARINATOWN LN.	
CITY-ST-ZIP	N. FT. MYERS FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13.

1.1 TITLE	Russ, Dave DP-D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	1804 King Lake BLVD #102	
1.3 STREET ADDRESS	Naples FL	
1.4 CITY-ST-ZIP	33962	
2.1 TITLE	DP Thet, Jim	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	1055 Palm #215	
2.3 STREET ADDRESS	N Ft Myers FL 33917	
2.4 CITY-ST-ZIP	33917	
3.1 TITLE	STD Colin + Cindy	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	1051 Palm Ave #127	
3.3 STREET ADDRESS	N Ft Myers FL 33917	
3.4 CITY-ST-ZIP	33917	
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:

DAVE RUSS
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)