


FILE NOW: FILING FEE IS \$61.25

FILED  
May 16 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **770924** (9)

1. Corporation Name

**MARINA CONDOMINIUM AT BAY HILL, INC.**

Principal Place of Business

Mailing Address

P O BOX 568846  
ORLANDO FL 32856-5846

P O BOX 568846  
ORLANDO FL 32856-5846



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>10/25/1983</b>		3a. Date of Last Report <b>03/28/1996</b>	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number <b>59-2587161</b>		Applied For Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
24 Country		29 Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent

**JOHNSON, PAMELA R**  
**1317 LAKE WILLISARA CIR**  
**ORLANDO FL 32806**

10. Name and Address of New Registered Agent

81 Name <b>Pamela R. Johnson</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>51 W. Michigan St</b>
83
84 City <b>Orlando</b>
85 State <b>FL</b>
86 Zip Code <b>32806</b>

11. Pursuant to the provisions of Sections 617.0502 and 617.0508, 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]*  
Signature, typed or printed name of registered agent and title if applicable

**Pamela R. Johnson**  
(NOTE: Registered Agent signature required when reinstating)

**4/28/97**  
DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>PO</b>	<input type="checkbox"/> DELETE	1.1 TITLE <b>VP/T/D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>LABADIE, WILLIAM</b>		1.2 NAME <b>Labadie, William</b>	
STREET ADDRESS <b>6312 MASTERS BLVD</b>		1.3 STREET ADDRESS <b>6312 Masters Blvd</b>	
CITY-ST-ZIP <b>ORLANDO FL</b>		1.4 CITY-ST-ZIP <b>Orlando, FL 32819</b>	
TITLE <b>TD</b>	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>CLARK, ANN</b>		2.2 NAME	
STREET ADDRESS <b>6338 MASTERS BLVD</b>		2.3 STREET ADDRESS	
CITY-ST-ZIP <b>ORLANDO FL</b>		2.4 CITY-ST-ZIP	
TITLE <b>VPD</b>	<input type="checkbox"/> DELETE	3.1 TITLE <b>P/D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>SORG, WALTER</b>		3.2 NAME <b>Sorg, Walter</b>	
STREET ADDRESS <b>6314 MASTERS BLVD.</b>		3.3 STREET ADDRESS <b>6314 Masters Blvd.</b>	
CITY-ST-ZIP <b>ORLANDO FL</b>		3.4 CITY-ST-ZIP <b>Orlando, FL 32819</b>	
TITLE <b>SD</b>	<input type="checkbox"/> DELETE	4.1 TITLE <b>S/D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>PALMER, ARNOLD MRS.</b>		4.2 NAME <b>Palmer, Winnie</b>	
STREET ADDRESS <b>6346 MASTERS BLVD.</b>		4.3 STREET ADDRESS <b>6346 Masters Blvd.</b>	
CITY-ST-ZIP <b>ORLANDO FL</b>		4.4 CITY-ST-ZIP <b>Orlando, FL 32819</b>	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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.

SIGNATURE:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/18/97**  
Date

**407-841-6248**  
Daytime Phone #

0018024

CR2E037 (9/96)