

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **N01375** (7)  
1. Corporation Name  
**MARINA BAY RESORT CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business Mailing Address  
**80 MIRACLE STRIP PARKWAY FT WALTON BEACH FL 32548**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>02/10/1984</b>	3a. Date of Last Report <b>01/26/1995</b>
21	Suite, Apt #, etc.	26	Suite, Apt #, etc.	4. FEI Number <b>59-2390568</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				10. Name and Address of New Registered Agent			
<b>ALLEN, LARRY 80 MIRACLE STRIP PARKWAY FT WALTON BEACH FL 32548</b>				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>S</b> <input type="checkbox"/> DELETE	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ALLEN, LARRY</b>	12 NAME	
STREET ADDRESS	<b>607 BURGUNDY LANE</b>	13 STREET ADDRESS	
CITY- ST- ZIP	<b>FT. WALTON BEACH FL</b>	14 CITY- ST- ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	21 TITLE	<b>P</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CROUCH, AL</b>	22 NAME	
STREET ADDRESS	<b>P O BOX 363 N/A</b>	23 STREET ADDRESS	
CITY- ST- ZIP	<b>MARY ESTHER FL</b>	24 CITY- ST- ZIP	
TITLE	<b>PD</b> <input type="checkbox"/> DELETE	31 TITLE	<b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>EVANS, CHARLES</b>	32 NAME	
STREET ADDRESS	<b>611 CATHERINE COURT</b>	33 STREET ADDRESS	
CITY- ST- ZIP	<b>FORT WALTON BEACH FL</b>	34 CITY- ST- ZIP	
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>MANN, FRED</b>	42 NAME	
STREET ADDRESS	<b>409 BREMEN AVENUE</b>	43 STREET ADDRESS	<b>HARRY UMSTEAD</b>
CITY- ST- ZIP	<b>WARRINGTON FL</b>	44 CITY- ST- ZIP	<b>5074 CRESTWOOD RD PENSACOLA FL 32503</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>THOMASON, CHARLIE R.</b>	52 NAME	
STREET ADDRESS	<b>2421 ROBERTS DRIVE</b>	53 STREET ADDRESS	<b>100001746371</b>
CITY- ST- ZIP	<b>NICEVILLE FL</b>	54 CITY- ST- ZIP	<b>-03/18/96--01027--017</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE	61 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MANN, JUANITA</b>	62 NAME	
STREET ADDRESS	<b>409 BREMEN AVENUE</b>	63 STREET ADDRESS	<b>***61.25</b>
CITY- ST- ZIP	<b>WARRINGTON FL</b>	64 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: *Larry Allen* **Larry Allen** 2/7/96 904-244-5132  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/Time Phone #

CR2E037 (12/95)