


FILE NOW: FILING FEE IS \$61.25

FILED
Feb 11 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	---

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



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

3. Date Incorporated or Qualified 02/10/1984	3a. Date of Last Report 03/16/1996
--	--

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
	Zip 29
	Country 30

4. FEI Number 59-2390568	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
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

**ALLEN, LARRY
80 MIRACLE STRIP PARKWAY
FT WALTON BEACH FL 32548**

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE	S	<input type="checkbox"/> DELETE
NAME	ALLEN, LARRY	
STREET ADDRESS	007 BURGUNDY LANE	
CITY-ST-ZIP	FT. WALTON BEACH FL	
TITLE	P	<input type="checkbox"/> DELETE
NAME	CROUCH, AL	
STREET ADDRESS	P O BOX 363 N/A	
CITY-ST-ZIP	MARY ESTHER FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	EVANS, CHARLES	
STREET ADDRESS	611 CATHERINE COURT	
CITY-ST-ZIP	FORT WALTON BEACH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	UMSTEAD, HARRY	
STREET ADDRESS	5074 CRESTWOOD RD	
CITY-ST-ZIP	PENSACOLA FL 32503	
TITLE	D	<input type="checkbox"/> DELETE
NAME	THOMASON, CHARLIE R.	
STREET ADDRESS	2421 ROBERTS DRIVE	
CITY-ST-ZIP	NICEVILLE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MANN, JUANITA	
STREET ADDRESS	409 BREMEN AVENUE	
CITY-ST-ZIP	WARRINGTON FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
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 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 _____

CR2E037 (9/96)