


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

**FILED**

**Jan 29 1998 8:00am  
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # NO1375 (7)**  
 1. Corporation Name  
**MARINA BAY RESORT CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business <b>80 MIRACLE STRIP PARKWAY FT WALTON BEACH FL 32548</b>	Mailing Address <b>80 MIRACLE STRIP PARKWAY FT WALTON BEACH FL 32548</b>
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3. Date Incorporated or Qualified <b>02/10/1984</b>	
4. FEI Number <b>59-2390568</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

**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**

<b>81</b> Name
<b>82</b> Street Address (P.O. Box Number is Not Acceptable)
<b>83</b>
<b>84</b> City <b>FL</b> <b>85</b> 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE <b>S</b>	<input type="checkbox"/> DELETE
NAME <b>ALLEN, LARRY</b>	
STREET ADDRESS <b>607 BURGUNDY LANE</b>	
CITY-ST-ZIP <b>FT. WALTON BEACH FL</b>	
TITLE <b>P</b>	<input checked="" type="checkbox"/> DELETE
NAME <b>CROUCH, AL</b>	
STREET ADDRESS <b>P O BOX 363 N/A</b>	
CITY-ST-ZIP <b>MARY ESTHER FL</b>	
TITLE <b>PD</b>	<input type="checkbox"/> DELETE
NAME <b>EVANS, CHARLES</b>	
STREET ADDRESS <b>611 CATHERINE COURT</b>	
CITY-ST-ZIP <b>FORT WALTON BEACH FL</b>	
TITLE <b>D</b>	<input type="checkbox"/> DELETE
NAME <b>UMSTEAD, HARRY</b>	
STREET ADDRESS <b>5074 CRESTWOOD RD</b>	
CITY-ST-ZIP <b>PENSACOLA FL 32503</b>	
TITLE <b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME <b>THOMASON, CHARLIE R.</b>	
STREET ADDRESS <b>2421 ROBERTS DRIVE</b>	
CITY-ST-ZIP <b>NICEVILLE FL</b>	
TITLE <b>D</b>	<input type="checkbox"/> DELETE
NAME <b>MANN, JUANITA</b>	
STREET ADDRESS <b>409 BREMEN AVENUE</b>	
CITY-ST-ZIP <b>WARRINGTON FL</b>	

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	<b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input checked="" 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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 REQUIRED** *[Signature]* **1/29/98**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # (optional)

CR2E037 (10/97)

  
**Marina  
Bay Resort**

ATTACHMENT TO DOCUMENT #N01375

Title: D

Name: Bernard Rummel  
Address: 5518 Essex Road  
Pensacola, FLA 32506

Title: P

Name: Frank Griffith  
Address: 20573 Highway 12 S  
Foley, AL 36535