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NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N01375

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**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 02/10/1984	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-2390568	Applied For <input type="checkbox"/> Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country		

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
ALLEN, LARRY 80 MIRACLE STRIP PARKWAY FT WALTON BEACH FL 32548				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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	S <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALLEN, LARRY	1.2 NAME	
STREET ADDRESS	607 BURGUNDY LANE	1.3 STREET ADDRESS	
CITY-ST-ZIP	FT. WALTON BEACH FL	1.4 CITY-ST-ZIP	
TITLE	P <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CROUCH, AL	2.2 NAME	FRANK GRIFFITH
STREET ADDRESS	P O BOX 363 N/A	2.3 STREET ADDRESS	20573 HIGHWAY 12S
CITY-ST-ZIP	MARY ESTHER FL	2.4 CITY-ST-ZIP	FOLEY AL 36535
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	EVANS, CHARLES	3.2 NAME	MIKE SAPP
STREET ADDRESS	611 CATHERINE COURT	3.3 STREET ADDRESS	765 SPRING LAKE DRIVE
CITY-ST-ZIP	FORT WALTON BEACH FL	3.4 CITY-ST-ZIP	DESTIN FL 32541
TITLE	V <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	UMSTEAD, HARRY	4.2 NAME	
STREET ADDRESS	5074 CRESTWOOD RD	4.3 STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL 32503	4.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	THOMASON, CHARLIE R.	5.2 NAME	BERNARD RUMMEL
STREET ADDRESS	2421 ROBERTS DRIVE	5.3 STREET ADDRESS	5518 ESSEX RD
CITY-ST-ZIP	NICEVILLE FL	5.4 CITY-ST-ZIP	PENSACOLA FL 32506
TITLE	T <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MANN, JUANITA	6.2 NAME	
STREET ADDRESS	409 BREMEN AVENUE	6.3 STREET ADDRESS	
CITY-ST-ZIP	WARRINGTON FL	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)(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, with all other like empowered.

SIGNATURE: *Larry Allen* **LARRY E. ALLEN** Date _____ Daytime Phone # **850-244-5132**

CR2E037 (11/98)