2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

Mar 12, 2004 8:00 am DOCUMENT # N03000006633 3 **Secretary of State** 03-12-2004 90045 045 ****66.25 MARATHON KEY CONDOMINIUM ASSOCIATION, INC. Principal Place of Business Mailing Address 951 NW 119 AVE CORAL SPRINGS FL 33071 951 NW 119 AVE CORAL SPRINGS FL 33071 2. Principal Place of Business 3. Mailing Address 94th Ave 94th Ave 1735 NW 1735 NW Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E037 (11/03) City & State CORAL SPRINGS City & State 4. FEI Number Applied For CORAL SPRINGS, FL 04-3779356 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired 33071 BROWARD 33071 BROWARD Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CARLOS HERNANDEZ SILLOTA, EUGENIO 951 NW 119 AVE Street Address (P.O. Box Number is Not Acceptable) **CORAL SPRINGS FL 33071** 1735 NW 94th Ave 33071 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE 03.5-04 registered agent and litle if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. Due By May 1, 2004 Added to Fees Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. Oelete Change TITLE Addition See 3 SCHRODER, DAVID NAME 951 NW 119 AVE STREET ADDRESS STREET ADDRESS DELROY MORRISON CORAL SPRINGS FL 33071 CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Addition SILLATO, EUGENIO NAME 951 NW 119 AVE STREET ADDRESS STREET ADDRESS CARLOS HERNANDEZ CORAL SPRINGS FL 33071 City-S7-ZiP CITY-ST-7IP Delete TITLE TITLE ☐ Addition SILLATO, GREGORY A NAME NĀME 951 NW 119 AVE ELIZA WING-YEE CHAN STREET ADDRESS STREET ADDRESS CORAL SPRINGS FL 33071 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

ICIROY HUILSON 03-4-00
E OF SIGNING OFFICER OR DIRECTOR Date Dayline Phone #

FILED