


FILE NOW: FILING FEE IS \$61.25

FILED

Mar 11 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # **N11730** (1)

MAR BLEU CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business	Mailing Address
1101 SO ATLANTIC AVE STE 302 COCOA BEACH FL 32931-2438 US	1101 SO ATLANTIC AVE STE 302 COCOA BEACH FL 32931-2438 US

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

3. Date Incorporated or Qualified	10/24/1985
4. FEI Number	59-2834016
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
7. Is this nonprofit corporation a homeowners association?	<input type="checkbox"/> Yes <input checked="" 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 checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent	
HERRICK, JOEL 1101 SO ATLANTIC AVE #302 COCOA BEACH FL 32931	

10. Name and Address of New Registered Agent	
81 Name	Christine Rayner
82 Street Address (P.O. Box Number is Not Acceptable)	1101 So. Atlantic Ave #301
83	
84 City	Cocoa Beach
85 Zip Code	FL 32931

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 Christine Rayner DATE 3/4/98

12. OFFICERS AND DIRECTORS	
TITLE	PD <input checked="" type="checkbox"/> DELETE
NAME	WAI, TOMMY
STREET ADDRESS	1101 SO ATLANTIC AVE #301
CITY-ST-ZIP	COCOA BEACH FL
TITLE	TD <input type="checkbox"/> DELETE
NAME	HERRICK, JOEL
STREET ADDRESS	1101 S. ATLANTIC AVE #302
CITY-ST-ZIP	COCOA BEACH FL
TITLE	VD <input checked="" type="checkbox"/> DELETE
NAME	GILLESPIE, ANGELICA
STREET ADDRESS	1101 SO ATLANTIC AVE #402
CITY-ST-ZIP	COCOA BEACH FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	PO (President) PD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Christine Rayner
1.3 STREET ADDRESS	1101 S. Atlantic Ave #301
1.4 CITY-ST-ZIP	Cocoa Beach, FL 32931
2.1 TITLE	STD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Joel Herrick
2.3 STREET ADDRESS	1101 S. Atlantic Ave #302
2.4 CITY-ST-ZIP	Cocoa Beach, FL 32931
3.1 TITLE	VD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Stan Levy
3.3 STREET ADDRESS	1101 S. Atlantic Ave #401
3.4 CITY-ST-ZIP	Cocoa Beach, FL 32931
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 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: Christine M. Rayner 2/23/98 (1407)253-0543

CR2E037 (10/97)