

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N24497** (2)

1. Corporation Name
MARINA TOWNHOMES NEIGHBORHOOD HOMEOWNER'S ASSOCIATION, INC.



Principal Place of Business: 2389 TREASURE ISLE DR. PALM BCH. GARDEN FL 33410
Mailing Address: 2389 TREASURE ISLE DR. PALM BCH. GARDEN FL 33410

3. Date Incorporated or Qualified: 01/26/1988
3a. Date of Last Report: 04/11/1995

| | | | | | | | |
|----|--------------------------------|----|---------------------|----|--|--|--------------------------------|
| 21 | 2. Principal Place of Business | 26 | 2a. Mailing Address | 4. | FBI Number 65-0054016 | Applied For | Not Applicable |
| 22 | Suite, Apt. #, etc. | 27 | Suite, Apt. #, etc. | 5. | Certificate of Status Desired | <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 23 | City & State | 28 | City & State | 6. | Election Campaign Financing Trust Fund Contribution | <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 24 | Zip | 29 | Zip | 8. | This corporation has liability for intangible tax under s. 199.032, Florida Statutes | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | Country | 30 | Country | | | | |

| | | | | | | | |
|--|--|--|--|--|--|----|----|
| 9. Name and Address of Current Registered Agent | | | | 10. Name and Address of New Registered Agent | | | |
| PARENT, ARTHUR MARINER'S COVE ASSOCIATION 2389 TREASURE ISLE DR PALM BEACH GARDENS FL 33410 | | | | 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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|-----------------------------|---|--|
| TITLE | PD | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BERNSTEIN, ALAN | 1.2 NAME | |
| STREET ADDRESS | 2359 TREASURE ISLE DR. | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | PALM BCH. GARDEN FL 33410 | 1.4 CITY-ST-ZIP | |
| TITLE | VTD | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | ONDEK, JOHN | 2.2 NAME | |
| STREET ADDRESS | 2299 TREASURE ISLE DR. A-57 | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | PALM BCH. GARDEN FL 33410 | 2.4 CITY-ST-ZIP | |
| TITLE | SD | 3.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | DABNER, BOB | 3.2 NAME | |
| STREET ADDRESS | 2259 TREASURE ISLE DR. | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | PALM BCH. GARDEN FL 33410 | 3.4 CITY-ST-ZIP | |
| TITLE | TD | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | COHEN, LOUIS | 4.2 NAME | |
| STREET ADDRESS | 2379 TREASURE ISLE DR. | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | PALM BCH. GARDEN FL 33410 | 4.4 CITY-ST-ZIP | |
| TITLE | D | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | PANSE, BOB | 5.2 NAME | |
| STREET ADDRESS | 2339 TREASURE ISLE DR. | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | PALM BCH. GARDEN FL 33410 | 5.4 CITY-ST-ZIP | |
| TITLE | D | 6.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 6.4 CITY-ST-ZIP | |

Handwritten in Block 13:
Ruth Domb
2379
Robert S. Beaver
2379 Treasure Isle DR.
Palm Bch. Gdn., FL 33410

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *John J. Ondek* 5/30/96 024-1099
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
John J. Ondek

CR2E037 (12/95)