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May 01 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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 33410-1354



3. Date Incorporated or Qualified: 01/26/1988
3a. Date of Last Report: 05/01/1996
4. FEI Number: 65-0054016
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent: PARENT, ARTHUR MARINER'S COVE ASSOCIATION 2389 TREASURE ISLE DR PALM BEACH GARDENS FL 33410
10. Name and Address of New Registered Agent: 81 Name, 82 Street Address (P.O. Box Number is Not Acceptable), 83, 84 City, 85 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: Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input checked="" type="checkbox"/> DELETE	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 <input type="checkbox"/> DELETE	2.1 TITLE	PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ONDEK, JOHN	2.2 NAME	
STREET ADDRESS	2209 TREASURE ISLE DR. A-57	2.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BCH. GARDEN FL 33410	2.4 CITY-ST-ZIP	
TITLE	SD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	SP <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RUTH BOMB	3.2 NAME	Nancy McBride
STREET ADDRESS	2379 TREASURE ISLE DR	3.3 STREET ADDRESS	2419 Treasure Isle Dr. A-12
CITY-ST-ZIP	PALM BCH. GARDEN FL	3.4 CITY-ST-ZIP	Palm Bch. Garden FL 33410
TITLE	TD <input checked="" type="checkbox"/> DELETE	4.1 TITLE	T.D. <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	COHEN, LOUIS	4.2 NAME	5988 Bundanis
STREET ADDRESS	2379 TREASURE ISLE DR.	4.3 STREET ADDRESS	2439 Treasure Isle DR. A-6
CITY-ST-ZIP	PALM BCH. GARDEN FL 33410	4.4 CITY-ST-ZIP	Palm Bch. Gdn., FL 33410
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	
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 <input type="checkbox"/> DELETE	6.1 TITLE	V.P. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBERT S. BEAVER	6.2 NAME	
STREET ADDRESS	2379 TREASURE ISLE DR	6.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BEACH GARDENS FL	6.4 CITY-ST-ZIP	

14. I do 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: *Nancy McBride Secretary*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date: Daytime Phone # 0040612

CR2E037 (9/96)