

FILE NOW: FILING FEE IS \$61.25

FILED
Jun 11 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mottham ♀ Secretary of State DIVISION OF CORPORATIONS
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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
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3. Date Incorporated or Qualified 01/26/1988	
4. FEI Number 65-0054016	Applied For <input type="checkbox"/> Not Applicable

21. Principal Place of Business 21. Suite, Apt. #, etc. 22. City & State 23. Zip 24. Country	25. Mailing Address 26. Suite, Apt. #, etc. 27. City & State 28. Zip 29. Country
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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 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 type="checkbox"/> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DS <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MCBRIDE, NANCY	1.2 NAME	VIA D
STREET ADDRESS	2419 TREASURE ISLE DR., A-12	1.3 STREET ADDRESS	HOWARD REEMER
CITY-ST-ZIP	PALM BCH. GARDEN FL	1.4 CITY-ST-ZIP	2419 TREASURE ISLE DR. A-10
TITLE	P <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ONDEK, JOHN	2.2 NAME	
STREET ADDRESS	2289 TREASURE ISLE DR. A-57	2.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BCH. GARDEN FL	2.4 CITY-ST-ZIP	
TITLE	RD <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUNDONIS, JEFF	3.2 NAME	P/D
STREET ADDRESS	2439 TREASURE ISLE DR., A-6	3.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BCH. GARDEN FL	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PANSE, BOB	4.2 NAME	
STREET ADDRESS	2339 TREASURE ISLE DR.	4.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BCH. GARDEN FL 33410	4.4 CITY-ST-ZIP	
TITLE	T/D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBERT S. BEAVER	5.2 NAME	T/D
STREET ADDRESS	2379 TREASURE ISLE DR	5.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BEACH GARDENS FL	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

CPRE037 (10/97)

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: *Arthur Parent* **4-29-98** **561-624-1099**