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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # N28948 (0)

1. Corporation Name

MARINA VILLAGE AT FISHER ISLAND CONDOMINIUM NO. TWO ASSOCIATION, INC.

Principal Place of Business	Mailing Address
ONE FISHER ISLAND DRIVE FISHER ISLAND FL 33109 US	ONE FISHER ISLAND DRIVE FISHER ISLAND FL 33109-0001 US

3. Date Incorporated or Qualified: 10/20/1988
3a. Date of Last Report: 08/09/1996

2. Principal Place of Business
21 | Suite, Apt #, etc. 22 | City & State 23 | Zip 24 | Country 25

2a. Mailing Address
26 | Suite, Apt #, etc. 27 | City & State 28 | Zip 29 | Country 30

4. FEI Number: 65-0087856 ☐ Applied For ☐ Not Applicable

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**

TORTER, ROBERT E
2416 FISHER ISLAND DRIVE
FISHER ISLAND FL 33109

10. **Name and Address of New Registered Agent**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	SD	☒ DELETE	1.1 TITLE	SD	☒ Change ☐ Addition
NAME	WICKY, THOMAS P		1.2 NAME	JONES, STEPHEN	
STREET ADDRESS	ONE FISHER ISLAND DRIVE		1.3 STREET ADDRESS	40211 FISHER ISLAND DR.	
CITY-ST-ZIP	FISHER ISLAND FL 33109		1.4 CITY-ST-ZIP	FISHER ISLAND, FL 33109	
TITLE	TD	☒ DELETE	2.1 TITLE	TD	☒ Change ☐ Addition
NAME	TORTER, ROBERT E.		2.2 NAME	KING, ANTHONY	
STREET ADDRESS	2416 FISHER ISLAND DR.		2.3 STREET ADDRESS	41216 FISHER ISLAND DR.	
CITY-ST-ZIP	FISHER ISLAND NY		2.4 CITY-ST-ZIP	FISHER ISLAND, FL 33109	
TITLE	PTD	☐ DELETE	3.1 TITLE	P.D.	☒ Change ☐ Addition
NAME	TORTER, ROBERT E		3.2 NAME		
STREET ADDRESS	2416 FISHER ISLAND DRIVE		3.3 STREET ADDRESS		
CITY-ST-ZIP	FISHER ISLAND FL 33109		3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (9/96)

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: _____ 1/15/97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0026109