

FILE NOW: FILING FEE IS \$61.25

FILED
Mar 30 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mertham 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 ONE FISHER ISLAND DRIVE FISHER ISLAND FL 33109 US	Mailing Address ONE FISHER ISLAND DRIVE FISHER ISLAND FL 33109 US
---	---

3. Date Incorporated or Qualified
10/20/1988

4. FEI Number
65-0087856

Applied For
 Not Applicable

21. Principal Place of Business Suite, Apt. #, etc.	22. City & State	23. Zip	24. Country	25. Country	26. Mailing Address 13 FISHER ISLAND DR	27. City & State FISHER ISLAND FL	28. Zip 33109	29. Country USA
--	------------------	---------	-------------	-------------	---	---	-------------------------	---------------------------

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.
 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 **ANTHONY KING**

82. Street Address (P.O. Box Number is Not Acceptable)
40203 FISHER ISLAND DRIVE

83. City **FISHER ISLAND**

84. State **FL**

85. Zip Code **33109**

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 **ANTHONY KING** DATE **3/18/97**

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	NAME JONES, STEPHEN	1.1 TITLE	TO
STREET ADDRESS 40211 FISHER ISLAND DR.	CITY-ST-ZIP FISHER ISLAND FL	1.2 NAME	VOLE, ROBERT
		1.3 STREET ADDRESS	40209 FISHER ISLAND DRIVE
		1.4 CITY-ST-ZIP	FISHER ISLAND FL 33109
TITLE TD	NAME KING, ANTHONY	2.1 TITLE	PD
STREET ADDRESS 41216 FISHER ISLAND DR.	CITY-ST-ZIP FISHER ISLAND FL	2.2 NAME	KING, ANTHONY
		2.3 STREET ADDRESS	40203 FISHER ISLAND DRIVE
		2.4 CITY-ST-ZIP	FISHER ISLAND FL 33109
TITLE PD	NAME TORTER, ROBERT E	3.1 TITLE	SD
STREET ADDRESS 2416 FISHER ISLAND DRIVE	CITY-ST-ZIP FISHER ISLAND FL	3.2 NAME	COHEN, LEON
		3.3 STREET ADDRESS	40208 FISHER ISLAND DRIVE
		3.4 CITY-ST-ZIP	FISHER ISLAND, FL 33109
TITLE	NAME	4.1 TITLE	
STREET ADDRESS		4.2 NAME	
CITY-ST-ZIP		4.3 STREET ADDRESS	
		4.4 CITY-ST-ZIP	
TITLE	NAME	5.1 TITLE	
STREET ADDRESS		5.2 NAME	
CITY-ST-ZIP		5.3 STREET ADDRESS	
		5.4 CITY-ST-ZIP	
TITLE	NAME	6.1 TITLE	
STREET ADDRESS		6.2 NAME	
CITY-ST-ZIP		6.3 STREET ADDRESS	
		6.4 CITY-ST-ZIP	

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE SD	NAME JONES, STEPHEN	1.1 TITLE	TO
STREET ADDRESS 40211 FISHER ISLAND DR.	CITY-ST-ZIP FISHER ISLAND FL	1.2 NAME	VOLE, ROBERT
		1.3 STREET ADDRESS	40209 FISHER ISLAND DRIVE
		1.4 CITY-ST-ZIP	FISHER ISLAND FL 33109
TITLE TD	NAME KING, ANTHONY	2.1 TITLE	PD
STREET ADDRESS 41216 FISHER ISLAND DR.	CITY-ST-ZIP FISHER ISLAND FL	2.2 NAME	KING, ANTHONY
		2.3 STREET ADDRESS	40203 FISHER ISLAND DRIVE
		2.4 CITY-ST-ZIP	FISHER ISLAND FL 33109
TITLE PD	NAME TORTER, ROBERT E	3.1 TITLE	SD
STREET ADDRESS 2416 FISHER ISLAND DRIVE	CITY-ST-ZIP FISHER ISLAND FL	3.2 NAME	COHEN, LEON
		3.3 STREET ADDRESS	40208 FISHER ISLAND DRIVE
		3.4 CITY-ST-ZIP	FISHER ISLAND, FL 33109
TITLE	NAME	4.1 TITLE	
STREET ADDRESS		4.2 NAME	
CITY-ST-ZIP		4.3 STREET ADDRESS	
		4.4 CITY-ST-ZIP	
TITLE	NAME	5.1 TITLE	
STREET ADDRESS		5.2 NAME	
CITY-ST-ZIP		5.3 STREET ADDRESS	
		5.4 CITY-ST-ZIP	
TITLE	NAME	6.1 TITLE	
STREET ADDRESS		6.2 NAME	
CITY-ST-ZIP		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: **ANTHONY KING** DATE **1/10/97** PHONE **305-534-7070**

CR2E037 (10/97)