FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

1999

DOCUMENT # N28948 1. Corporation Name

MARINA VILLAGE AT FISHER ISLAND CONDOMINIUM NO.

Principal Place of Business
ONE FISHER ISLAND DRIVE FISHER ISLAND FL 33109
He

FILED Mar 03, 1999 8:00 am Secretary of State

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TWO AS	SOCIATION, INC.			
Principal Place	e of Business	Mailing Address		
ONE FISHER ISLAND DRIVE FISHER ISLAND FL 33109 US 13 FISHER ISLAND DR FISHER ISLAND FL 33109 US US				
 , ·	ace of Business	2a. Mailing Address		3. Date Incorporated or Qualifed 10/20/1988
Suite, Apt.	# etc	Suite, Apt. #, etc.		4. FEI Number Applied For
22	, 5.55	27		65-0087856 Not Applicable
City & Stat	е	City & State		5. Certificate of Status Desired S8.75 Additional
23		28		Fee Required
Zip	Country	Zip	Country	6. Election Campaign Financing \$5.00 May Be
24	25	29 30	<u> </u>	Trust Fund Contribution Added to Fees 10. Name and Address of New Registered Agent
	9. Name and Address of Current	t Registered Agent	81 Name	^
			1 1 1	VOLE, ROBERT
KING, ANTHONY			82 Street	Address (P.O. Box Number is Not Acceptable)
40203 FISHER ISLAND DR			83	209 FISHER ISLAND DRIVE
Fisher is	LAND FL 33109			·
			84 City	ISher ISLAND FL 85 Zip Code 33109
11. Pursuant	to the provisions of Sections 617.0502	2 and 617.1508, Florida Statutes	the shove-named i	comoration submits this statement for the bulbose of changing its redistered.
office or r	egistered agent, or both, in the State on m familiar with, and accept the obligat	of Florida. Such change was autr tions of, Section 617.0503, Florid	ionzed by the corpo a Statutes.	oration's board of directors. I hereby accept the appointment as registered
				1/22/98
SIGNATURE	Signature, typed or printed name of registered agent	t and title if applicable. (NOTE: Re	gistered Agent signature re	
12.	OFFICERS AN		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	TD	DELETE	1.1 TITLE	PD Addition
NAME	XOLE, ROBERT		1.2 NAME	VOLE, ROBERT
STREET ADDRESS	(40209 FISHER ISLAND DR		1.3 STREET ADDRESS	40209 FISHER ISLAND
CITY-ST-ZIP	FISHER ISLAND FL 33109		1.4 CITY-ST-ZIP	FISHER I STAUD PL SSTON
TITLE	PD	DELETE	2.1 TITLE	SECRETARY SD Change Addition
NAME	KING, ANTHONY	,	2.2 NAME	LO ALA CALANT LANGE LANGE CONTRACTOR CONTRAC
STREET ADDRESS			2.3 STREET ADDRESS	40301 FISHER ISLAND OR
CITY-ST-ZIP	FISHER ISLAND FL 33109		2.4 CITY-ST-ZIP	FISHER ISLAND FL 33109
TITLE	SD	A DELETE	3.1 TITLE	Treasurer JD Change PAddition
NAME	COHEN, LEON		3.2 NAME	CARLEY ROBERT 40305 FISHER ISLAND DR
STREET ADDRESS	40308 FISHER ISLAND DR		3.3 STREET ADDRESS	40305 FISHER TSAM
CITY-ST-ZIP	FISHER ISLAND FL 33109	[] per pr	3.4. CITY-ST-ZIP	FISHER ISLAND FL 33109
TITLE		☐ DELETE	4.1 TITLE	Civilings Mudiocit
NAME			4. 2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP		Operete	4.4 CITY-ST-ZIP	Change Addition
TITLE	(☐ DELETE	5.1 TITLE 5.2 NAME	/ Change Clymping
NAME				
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP TITLE		DELETE	5.4 CITY-ST-ZIP 6.1 TITLE	☐ Change ☐ Addition
				, i reliance i i Addisoli i

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 truetée 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, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP