

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
1995



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

DOCUMENT # **N93000001422 (5)**

1. Corporation Name

**MARSEILLE CIRCLE HOMEOWNERS' ASSOCIATION, INC.**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 MAR 29 AM 7:13

Principal Place of Business: **237 PEPPERTREE DRIVE ORLANDO FL 32825 US**  
Mailing Address: **237 PEPPERTREE DRIVE ORLANDO FL 32825 US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **03/26/1993** 3a. Date of Last Report: **03/08/1994**  
4. FEI Number: **59-3188356** 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  
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status:  \$68.75 Supplemental Fee Not Required  
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business: **21 I.C.M., INC.** 2a. Mailing Address: **26 RIVIERA HOA OF ORLANDO**  
Suite, Apt. #, etc.: **22 495 SUNILAND AVENUE** Suite, Apt. #, etc.: **27 P.O. Box 915408**  
City & State: **23 WONGWOOD, FL** City & State: **28 WONGWOOD, FL**  
Zip: **24 32750** Country: **25 USA** Zip: **29 32791-5408** Country: **30 USA**

9. Name and Address of Current Registered Agent:  
**JUANITO, BARBA P  
237 PEPPERTREE DRIVE  
ORLANDO FL 32825**

10. Name and Address of New Registered Agent:  
**81 Name: GRACE S. WITHERELL, I.C.M., INC.**  
**82 Street Address (P.O. Box Number is Not Acceptable): 495 SUNILAND AVENUE**  
**83**  
**84 City: WONGWOOD FL 85 Zip Code: 32750**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: *Grace S. Witherell* **GRACE S. WITHERELL, PRES. I.C.M., INC. 3/10/95**

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	JUANITO, BARBA P
STREET ADDRESS	237 PEPPERTREE DRIVE
CITY, ST, ZIP	ORLANDO FL
TITLE	D
NAME	NARCISO, PADILLA S
STREET ADDRESS	237 PEPPERTREE DRIVE
CITY, ST, ZIP	ORLANDO FL
TITLE	D
NAME	MAX, SABETI
STREET ADDRESS	4083 N. GOLDENROD STREET
CITY, ST, ZIP	WINTER PARK FL
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	FELDMAN, BLIOT	
13 STREET ADDRESS	7455 MARSEILLE CIRCLE	
14 CITY, ST, ZIP	ORLANDO, FL 32822	
21 TITLE	V/P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	BOUCHER, PATTY	
23 STREET ADDRESS	7358 MARSEILLE CIRCLE	
24 CITY, ST, ZIP	ORLANDO, FL 32822	
31 TITLE	S/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	DITOTO, MARYANN	
33 STREET ADDRESS	7318 MARSEILLE CIRCLE	
34 CITY, ST, ZIP	ORLANDO, FL 32822	
41 TITLE	T/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
42 NAME	LOPEZ, DOBIS	
43 STREET ADDRESS	7479 MARSEILLE CIRCLE	
44 CITY, ST, ZIP	ORLANDO, FL 32822	
51 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
52 NAME	DEBT, DAVID	
53 STREET ADDRESS	7314 MARSEILLE CIRCLE	
54 CITY, ST, ZIP	ORLANDO, FL 32822	
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY, ST, ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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 orally, 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, as required, or on an attachment with an address.

SIGNATURE: *Patty Boucher Vice President* **3/22/95 221-4910**