

FILE NOW: FILING FEE IS \$61.25

FILED
Jul 15 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Morthant Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N94000001313 (5)
1. Corporation Name
MARCO ISLAND MARINA ASSOCIATION, INC.



Principal Place of Business 405 FIFTH AVENUE SOUTH STE 6 NAPLES FL 33940 US	Mailing Address 405 FIFTH AVENUE SOUTH STE 6 NAPLES FL 33940 US
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3. Date Incorporated or Qualified 03/14/1994		
4. FEI Number 65-0563054	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>

2. Principal Place of Business 21 1400 N. Collier Blvd Suite, Apt. #, etc. 22	2a. Mailing Address 26 Masters Golf Corp. Suite, Apt. #, etc. 27 215 E. Central Blvd City & State 23 Marco Island, FL 28 Orlando, FL City & State 24 34146 25 USA 29 32801 30 USA
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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 checked="" 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 checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**COOK, DAVID
C/O YWCA, P.A.
801 LAUREL OAK DRIVE, #300
NAPLES FL 33963**

10. Name and Address of New Registered Agent
81 Name **JACK ANTARAMIAN**
82 Street Address (P.O. Box Number is Not Acceptable)
365 FIFTH AVENUE SOUTH, #201
83
84 City **NAPLES** **FL** 85 Zip Code **34102**

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: *[Signature]* (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANTARAMIAN, JACK	1.2 NAME	
STREET ADDRESS	405 FIFTH AVENUE, SOUTH	1.3 STREET ADDRESS	365 FIFTH AVENUE SOUTH # 201
CITY-ST-ZIP	NAPLES FL 33940	1.4 CITY-ST-ZIP	NAPLES, FL 34102
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THOMAS, CHARLES	2.2 NAME	
STREET ADDRESS	405 FIFTH AVENUE, SOUTH	2.3 STREET ADDRESS	365 FIFTH AVENUE SOUTH #201
CITY-ST-ZIP	NAPLES FL 33940	2.4 CITY-ST-ZIP	NAPLES, FL 34102
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRAZZITA, ROBERT	3.2 NAME	
STREET ADDRESS	405 FIFTH AVENUE, SOUTH	3.3 STREET ADDRESS	365 FIFTH AVENUE SOUTH #201
CITY-ST-ZIP	NAPLES FL 33940	3.4 CITY-ST-ZIP	NAPLES, FL 34102
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		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	

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, upon an attachment with an address.

SIGNATURE: *[Signature]* 4/22/98 941-434-0600

CR2E037 (10/97)