

FILE NOW: FILING FEE IS \$61.25

FILED
Apr 17 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N97000004458 (2)
1. Corporation Name
WILLIAMS ISLAND MARINA ASSOCIATION, INC.



Principal Place of Business 7900 ISLAND BOULEVARD WILLIAMS ISLAND FL 33160	Mailing Address 7900 ISLAND BOULEVARD WILLIAMS ISLAND FL 33160
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3. Date Incorporated or Qualified 08/05/1997
4. FEI Number PENDING <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business 21. Suite, Apt. #, etc. 22. City & State 23. Zip 24. Country	2a. Mailing Address 25. Suite, Apt. #, etc. 26. City & State 27. Zip 28. Country
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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 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 type="checkbox"/> No

9. Name and Address of Current Registered Agent
**MATUS, ALAN
7900 ISLAND BOULEVARD
WILLIAMS ISLAND FL 33160**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	1.2 NAME
D	MATUS, ALAN	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
	7900 WILLIAMS ISLAND BLVD	1.3 STREET ADDRESS	
	WILLIAMS ISLAND FL 33160	1.4 CITY-ST-ZIP	
D	VOLLRATH, ROBERT	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	7900 WILLIAMS ISLAND BLVD	2.2 NAME	
	WILLIAMS ISLAND FL 33160	2.3 STREET ADDRESS	
D	TRUMP, STEPHANIE	2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	7900 WILLIAMS ISLAND BLVD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	WILLIAMS ISLAND FL 33160	3.2 NAME	
		3.3 STREET ADDRESS	
		3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		4.2 NAME	
		4.3 STREET ADDRESS	
		4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		5.2 NAME	
		5.3 STREET ADDRESS	
		5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		6.2 NAME	
		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: *Robert Vollrath* Robert Vollrath, Director 4/9/98 (305) 937-7884

CF2E037 (10/97)