

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 709211 (7)

1. Corporation Name

MARINA HARBOUR ASSOCIATION, INC.

Principal Place of Business

**68 YACHT CLUB DRIVE
NORTH PALM BEACH FL 33408-0934**

Mailing Address

**68 YACHT CLUB DRIVE
NORTH PALM BEACH FL 33408-0934**



3. Date Incorporated or Qualified
06/28/1965

3a. Date of Last Report
03/13/1995

4. FEI Number
59-2204270

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**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

**MCLELLAN, ROBERT
68 YACHT CLUB DR #17
NORTH PALM BEACH 33408-3934**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL 85 Zip Code

10. Name and Address of New Registered Agent

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

William C. Eldridge

William C. Eldridge, PRES

12 March 1996

Signature, typed or printed name of registered agent, if title is applicable.

(Not to be Registered Agent Signature required when new state agent)

DATE

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	MCLELLAN, ROBERT	
STREET ADDRESS	68 YACHT CLUB DR #17	
CITY-ST-ZIP	N PALM BCH, FL 00000	
TITLE	DVP	<input type="checkbox"/> DELETE
NAME	ELDRIDGE, WILLIAM	
STREET ADDRESS	68 YACHT CLUB DR #6	
CITY-ST-ZIP	N PALM BCH, FL 00000	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ARDITO, CHARLES	
STREET ADDRESS	68 YACHT CLUB DR #5	
CITY-ST-ZIP	N PALM BCH, FL 00000	
TITLE	DST	<input type="checkbox"/> DELETE
NAME	WILLIAMS, RENA	
STREET ADDRESS	6524B CHACEWOOD DR.	
CITY-ST-ZIP	JUPITER FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ELLIOT, JANE	
STREET ADDRESS	68 YACHT CLUB DR #19	
CITY-ST-ZIP	N PALM BCH, FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '96

11 TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	ELDRIDGE, WILLIAM	
13 STREET ADDRESS	68 YACHT CLUB DR., #6	
14 CITY-ST-ZIP	NORTH PALM BEACH, FL 33408-3934	
21 TITLE	DVP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	MCLELLAN, ROBERT	
23 STREET ADDRESS	68 YACHT CLUB DR., #17	
24 CITY-ST-ZIP	NORTH PALM BEACH, FL 33408-3934	
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
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 119.07(3)(c), 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:

Rena Williams

Rena Williams

3/6/96

(407) 796-5830

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)