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 # N17051 (6)

1. Corporation Name

MARIE'S YACHT HARBOR CLUB CONDOMINIUM ASSOCIATIO N, INC.

Principal Place of Business	Mailing Address
100 AVENUE I COCO PLUM BEACH MARATHON FL 33050	P O BOX 522822 COCO PLUM BEACH MARATHON FL 33052 US

3. Date Incorporated or Qualified: 09/30/1986
3a. Date of Last Report: 07/31/1995

2. Principal Place of Business — 21
2a. Mailing Address — 26

Suite, Apt. #, etc. — 22
Suite, Apt. #, etc. — 27

City & State — 23
City & State — 28

Zip — 24 Country — 25
Zip — 29 Country — 30

4. FEI Number: 59-2819375 ☐ 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

9. Name and Address of Current Registered Agent

HARRINGTON, WILLIAM
100 AVE I
COCO PLUM BCH
MARATHON FL 33050

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	☑ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	HARRINGTON, WILLIAM		1.2 NAME	
STREET ADDRESS	100 AVE I- COCO PLUM BCH		1.3 STREET ADDRESS	
CITY-ST-ZIP	MARATHON FL		1.4 CITY-ST-ZIP	
TITLE	VPD	☑ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	MILES, ROBERT		2.2 NAME	
STREET ADDRESS	100 AVE I- COCO PLUM BCH		2.3 STREET ADDRESS	
CITY-ST-ZIP	MARATHON FL		2.4 CITY-ST-ZIP	
TITLE	STD	☑ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	HULL, JERRILYNN		3.2 NAME	
STREET ADDRESS	100 AVE I-COCO PLUM BCH		3.3 STREET ADDRESS	
CITY-ST-ZIP	MARATHON FL		3.4 CITY-ST-ZIP	
TITLE	PD	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	THEAKSTON, PIERCE		4.2 NAME	
STREET ADDRESS	100 AVE I - COCO PLUM BCH		4.3 STREET ADDRESS	
CITY-ST-ZIP	MARATHON, FL		4.4 CITY-ST-ZIP	
TITLE	VPD	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	WOOD, STEVE		5.2 NAME	
STREET ADDRESS	100 AVE I - COCO PLUM BCH		5.3 STREET ADDRESS	
CITY-ST-ZIP	MARATHON, FL		5.4 CITY-ST-ZIP	
TITLE	STD	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	WALKER, BEN		6.2 NAME	
STREET ADDRESS	100 AVE I - COCO PLUM BCH		6.3 STREET ADDRESS	
CITY-ST-ZIP	MARATHON, FL		6.4 CITY-ST-ZIP	

CR2E037 (12/95)

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)(k), 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: Pierce G. Theakston PIERCE G. THEAKSTON 4-17-96 (305) 743-4025
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #