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FILED
Feb 12 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # 745646 (0)
1. Corporation Name
MARINA LAKES TOWNHOMES HOMEOWNERS ASSOCIATION, I NC.



Principal Place of Business: 5112 S.W. 72ND AVENUE MIAMI FL 33155 US
Mailing Address: ~~5112 S.W. 72ND AVENUE P.O. BOX 463124 MIAMI FL 33155~~

3. Date Incorporated or Qualified: 01/22/1979
4. FEI Number: 59-2224414
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. Is this nonprofit corporation a homeowners association? Yes No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

2. Principal Place of Business: 21 Suite, Apt. #, etc. 22 City & State: 23 MIAMI, FL 24 Zip: 33255 25 Country: 26 Mailing Address: 27 P.O. BOX 55-7820 28 City & State: 29 MIAMI, FL 30 Zip: 33255 31 Country: 32 USA

9. Name and Address of Current Registered Agent: KLINE, A.T. 5112 SW 72 AVENUE POST OFFICE BOX 557820 MIAMI FL 33255

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	1.2 NAME
P	KLINE, A.T. 5112 SW 72 AVE MIAMI FL	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
D	BRISTOW, J. 5112 SW 72 AVE 5010 SW 72 AVE MIAMI FL	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	2.2 NAME
D	INDGIN, S 5008 SW 72ND AVE MIAMI FL	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP
D	KARELAS, W 5002 SW 72ND AVE MIAMI FL	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	3.2 NAME
D	ZEILLER, J. 5016 SW 72 AVE MIAMI FL	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP
		4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	4.2 NAME
		4.3 STREET ADDRESS	4.4 CITY-ST-ZIP
		5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	5.2 NAME
		5.3 STREET ADDRESS	5.4 CITY-ST-ZIP
		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: *[Signature]* (A.T. KLINE) 2/3/98 (305) 615-0127

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