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Jan 17 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 718918 (6)

1. Corporation Name

MARLIN APARTMENTS CONDOMINIUM, INC.



Principal Place of Business

Mailing Address

22 TULIP AVENUE APT. 311
COCOA BEACH FL 32931

22 TULIP AVENUE APT. 311
COCOA BEACH FL 32931-3133

3. Date Incorporated or Qualified
07/28/1970

3a. Date of Last Report
03/20/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SABELLI, ANN
6939 N WICKHAM RD
MELBOURNE FL 32940

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME TD
JOHNSON, JAMES
STREET ADDRESS 1811 HACIENDA PL.
CITY - ST - ZIP STEVENSVILLE MI

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME PD
JOHNSON, JAMES
1.3 STREET ADDRESS 1811 HACIENDA PL
1.4 CITY - ST - ZIP STEVENSVILLE, MI

TITLE ☐ DELETE
NAME D
SECORD, DONALD
STREET ADDRESS 1025 CAMELOT WAY
CITY - ST - ZIP CASSELBURY FL

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

TITLE ☐ DELETE
NAME D
THOMAS, MARY L
STREET ADDRESS 22 TULIP AVE
CITY - ST - ZIP COCOA BEACH FL

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

TITLE ☐ DELETE
NAME PD
VALENTINE, PETER
STREET ADDRESS 2140 10 POND ROAD
CITY - ST - ZIP RONKONKOMA NY

4.1 TITLE ☒ Change ☐ Addition
4.2 NAME TD
BARNETT, KEITH
4.3 STREET ADDRESS 69 MAIN E. WELLINGTON BOX 103
4.4 CITY - ST - ZIP ONTARIO, CANADA K0K3L0

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

14. I do 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0019190

CR2E037 (9/96)