FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT
1998

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

FILED
Jan 27 1998 8:00am
Secretary of State

DOCUMENT # 718918 (6)

1. Corporation Name
MARLIN APARTMENTS CONDOMINIUM, INC.

Principal Place of Business	Mailing Address
22 TULIP AVEUE APT. 311 COCOA BEACH FL 32931	22 TULIP AVEUE APT. 311 COCOA BEACH FL 32931

3. Date Incorporated or Qualified: 07/28/1970

4. FEI Number: 59-1402146 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business (21)

2a. Mailing Address (25)

Suite, Apt. #, etc. (22)

Suite, Apt. #, etc. (27)

City & State (23)

City & State (28)

Zip (24) Country (25)

Zip (29) Country (30)

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

9. Name and Address of Current Registered Agent

SABELLI, ANN
6939 N WICKHAM RD
MELBOURNE FL 32940

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	JOHNSON, JAMES		1.2 NAME		
STREET ADDRESS	1811 HACIENDA PL.		1.3 STREET ADDRESS		
CITY-ST-ZIP	STEVENSVILLE MI		1.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	SECORD, DONALD		2.2 NAME		
STREET ADDRESS	1025 CAMELOT WAY		2.3 STREET ADDRESS		
CITY-ST-ZIP	CASSELBURY FL		2.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	THOMAS, MARY L		3.2 NAME		
STREET ADDRESS	22 TULIP AVE		3.3 STREET ADDRESS		
CITY-ST-ZIP	COCOA BEACH FL		3.4 CITY-ST-ZIP		
TITLE	TD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	BARNETT, KEITH		4.2 NAME		
STREET ADDRESS	69 MAIN E. WELLINGTON BOX 103		4.3 STREET ADDRESS		
CITY-ST-ZIP	ONTARIO CA		4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE	D	☐ Change ☒ Addition
NAME			5.2 NAME	Dave McNamara	
STREET ADDRESS			5.3 STREET ADDRESS	3018 Clemwood Dr.	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	Orlando, Fl 32803	
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (10/97)

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: Ann Sabelli REQUIRED Ann Sabelli 1-16-98 407-259-2931
SIGNATURE AND TITLE OR PRINTED NAME OF PERSON OFFICER OR DIRECTOR