FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAY -1 PM 12:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **739139** **(4)**

1. Corporation Name

MARINA INN CONDOMINIUM, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
31 OCEAN REEF DRIVE, SUITE A-207 KEY LARGO FL 33037	31 OCEAN REEF DRIVE, SUITE A-207 KEY LARGO FL 33037

3. Date Incorporated or Qualified: **05/23/1977**
3a. Date of Last Report: **05/01/1994**
4. FEI Number: **59-1788381** ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

MOSS, EVELYN
31 OCEAN REEF DRIVE, SUITE A-207
KEY LARGO FL 33037

10. Name and Address of New Registered Agent

61 Name
62 Street Address (P.O. Box Number is Not Acceptable)
63
64 City **FL** 65 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE X _____ _____
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	STD	1.1 TITLE	D ☐ Change ☐ Addition
NAME	BROEMAN, CHARLES	1.2 NAME	Healy, John
STREET ADDRESS	31 OCEAN REEF DR C-300	1.3 STREET ADDRESS	31 Ocean Reef Drive A-207
CITY-ST-ZIP	NORTH KEY LARGO, FL00000	1.4 CITY-ST-ZIP	Key Largo, FL 33037
TITLE	PD	2.1 TITLE	PD ☐ Change ☐ Addition
NAME	VASQUEZ, SONNY	2.2 NAME	Major, Jacquelin
STREET ADDRESS	31 OCEAN REEF DR #300	2.3 STREET ADDRESS	31 Ocean Reef Dr A-207
CITY-ST-ZIP	NORTH KEY LARGO FL	2.4 CITY-ST-ZIP	Key Largo, FL 33037
TITLE	D	3.1 TITLE	D ☐ Change ☐ Addition
NAME	MOSS, EVELYN	3.2 NAME	Grand Associates
STREET ADDRESS	31 OCEAN REEF DR, A-207	3.3 STREET ADDRESS	31 Ocean Reef Dr A-207
CITY-ST-ZIP	NORTH KEY LARGO FL	3.4 CITY-ST-ZIP	Key Largo, FL 33037
TITLE		4.1 TITLE	POA ☐ Change ☐ Addition
NAME		4.2 NAME	Moss, Evelyn
STREET ADDRESS		4.3 STREET ADDRESS	31 Ocean Reef Drive Ste A-207
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Key Largo, FL 33037
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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)(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 X Evelyn Moss 4/26/95 (305) 367-3232
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #