

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 # **739139** (4)

1. Corporation Name

MARINA INN CONDOMINIUM, INC.



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
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-1788381

Applied For

Not Applicable

22

Suite, Apt. #, etc.

Suite, Apt. #, etc.

23

City & State

City & State

24

Zip

Country

Zip

Country

29

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**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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

Evelyn Moss, Agent

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE
NAME **HEALY, JOHN**
STREET ADDRESS **31 OCEAN REEF DRIVE A-207**
CITY - ST - ZIP **KEY LARGO FL**

TITLE **PD** ☒ DELETE
NAME **MAJOR, JACQUELIN**
STREET ADDRESS **31 OCEAN REEF DR A-207**
CITY - ST - ZIP **KEY LARGO FL**

TITLE **D** ☐ DELETE
NAME **GRAND ASSOCIATES**
STREET ADDRESS **31 OCEAN REEF DR A-207**
CITY - ST - ZIP **KEY LARGO FL**

TITLE **POA** ☐ DELETE
NAME **MOSS, EVELYN**
STREET ADDRESS **31 OCEAN REEF DRIVE STE A-207**
CITY - ST - ZIP **KEY LARGO FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **D** ☐ Change ☒ Addition
1.2 NAME **Larsen, John**
1.3 STREET ADDRESS **31 Ocean Reef Dr. A-207**
1.4 CITY - ST - ZIP **Key Largo, FL 33037**

2.1 TITLE **D** ☐ Change ☒ Addition
2.2 NAME **Larsen, Millie**
2.3 STREET ADDRESS **31 Ocean Reef Dr. A-207**
2.4 CITY - ST - ZIP **Key Largo, FL 33037**

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

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME **600001839956**
5.3 STREET ADDRESS **-05/28/96--01016--001**
5.4 CITY - ST - ZIP *****61.25**

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 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:

Evelyn Moss, Agent
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)