

FILE NOW: FILING FEE IS \$61.25

FILED

May 01 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # **739139**

(4)

1. Corporation Name

MARINA INN CONDOMINIUM, INC.

Principal Place of Business

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

Mailing Address

**31 OCEAN REEF DRIVE, SUITE A-207
KEY LARGO FL 33037-5281**

3. Date Incorporated or Qualified
05/23/1977

3a. Date of Last Report
05/24/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

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

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

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

(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 **D** ☐ DELETE
NAME **LARSEN, JOHN**
STREET ADDRESS **31 OCEAN REEF DR. A-207**
CITY-ST-ZIP **KEY LARGO FL 33037**

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 **D** ☒ DELETE
NAME **LARSEN, MILLIE**
STREET ADDRESS **31 OCEAN REEF DR. A-207**
CITY-ST-ZIP **KEY LARGO FL 33037**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE **PD** ☒ Change ☐ Addition
2.2 NAME **Larsen, John**
2.3 STREET ADDRESS **31 Ocean Reef Dr A207**
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 **D Sinclair, Aileen**
5.3 STREET ADDRESS **31 Ocean Reef Dr A207**
5.4 CITY-ST-ZIP **Key Largo, FL 33037**

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-25-97

Date

305 367-3232

Daytime Phone # 0024422

CR2E037 (9/96)