

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 APR -5 PM 2: 56

DOCUMENT # **745196** (6)
1. Corporation Name
**MARINA TOWN CONDOMINIUM APARTMENTS ONE ASSOCIATI
ON, INC.**

Principal Place of Business Mailing Address
**12734 KENWOOD LANE 12734 KENWOOD LANE
SUITE 32 SUITE 32
FORT MYERS FL 33907 FORT MYERS FL 33907
US US**

DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified 3a. Date of Last Report
12/12/1978 04/22/1994
4. FEI Number Applied For
59-1883068 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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MICHAEL FLEMING & ASSOCIATES
12734 KENWOOD LANE #32
FT. MYERS FL 33907**

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 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

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

(NOTE: Registered agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME **BERTI, TM**
STREET ADDRESS **3436 MARINATOWN LN**
CITY - ST - ZIP **N FT MYERS FL**
TITLE D
NAME **SNYDER, MARY A**
STREET ADDRESS **3444 MARINATOWN LANE**
CITY - ST - ZIP **N FT MYERS, FL 00000**
TITLE D
NAME **KELLOGG, MARY LAICE**
STREET ADDRESS **3454 HANCOCK BRIDGE**
CITY - ST - ZIP **N FT MYERS, FL 00000**
TITLE D
NAME **COTE, JOSEPH**
STREET ADDRESS **3454 HANCOCK BRIDGE PKWY**
CITY - ST - ZIP **N FT MYERS, FL 00000**
TITLE VP
NAME **SHATTO, JAMES**
STREET ADDRESS **3454 HANCOCK BRIDGE**
CITY - ST - ZIP **N FT MYERS FL**
TITLE
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 Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP
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
5.3 STREET ADDRESS
5.4 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 is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(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 017, 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

Signature (Block 8)

TM Berti 3/1/95 813 539 7576