

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 # 745196 (6)

1. Corporation Name
MARINA TOWN CONDOMINIUM APARTMENTS ONE ASSOCIATION, INC.



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

3. Date Incorporated or Qualified **12/12/1978** 3a. Date of Last Report **04/05/1995**

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 29 Zip Country

24 25 29 30

4. FEI Number **59-1883068** 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
**MICHAEL FLEMING & ASSOCIATES
12734 KENWOOD LANE #32
FT. MYERS FL 33907**

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: 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	<input type="checkbox"/> DELETE
NAME	BERTI, TIM	
STREET ADDRESS	3436 MARINATOWN LN	
CITY-ST-ZIP	N FT MYERS FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	SNYDER, MARY A	
STREET ADDRESS	3444 MARINATOWN LANE	
CITY-ST-ZIP	N FT MYERS, FL 00000	
TITLE	D	<input type="checkbox"/> DELETE
NAME	KELLOGG, MARY LAICE	
STREET ADDRESS	3454 HANCOCK BRIDGE	
CITY-ST-ZIP	N FT MYERS, FL 00000	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BOYE, JOSEPH	
STREET ADDRESS	3454 HANCOCK BRIDGE PKWY	
CITY-ST-ZIP	N FT MYERS, FL 00000	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	SHATTO, JAMES	
STREET ADDRESS	3454 HANCOCK BRIDGE	
CITY-ST-ZIP	N FT MYERS FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition

1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	Richardson, Scott D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	3454 Hancock Pkwy A-9	
2.3 STREET ADDRESS	N Ft Myers FL 33903	
2.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	Newton, Joyce D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	3454 Hancock Pkwy B9	
4.3 STREET ADDRESS	N Ft Myers FL 33917	
4.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *[Handwritten Signatures]* Date: *4/11/96* Daytime Phone #: *941 9397574*

CR2E037 (12/95)