


FILE NOW: FILING FEE IS \$61.25

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Apr 29 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		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 12734 KENWOOD LANE SUITE 32 FORT MYERS FL 33907 US	Mailing Address 12734 KENWOOD LANE SUITE 32 FORT MYERS FL 33907-5634 US	



3. Date Incorporated or Qualified 12/12/1978	3a. Date of Last Report 05/01/1996
4. FEI Number 59-1883068	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

C/O Marquis Management, Inc.
12661 New Brittany Blvd.
Fort Myers, Fl. 33907

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24	25	29	30
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: Stilphen, Peter 82 St: Marquis Management, Inc. 83 12661 New Brittany Blvd. 84 Ft Myers, Fl. 33907 85 Zip Code	

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation, by its board of directors, has changed its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors, and I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: *Peter Stilphen* PETER STILPHEN 1/20/97 DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	VPD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BERTI, TIM	1.2 NAME	Berti, Tim
STREET ADDRESS	3436 MARINATOWN LN	1.3 STREET ADDRESS	3436 Marinatown LN
CITY-ST-ZIP	N FT MYERS FL	1.4 CITY-ST-ZIP	N. Ft. Myers, FL 33903
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCOTT, RICHARDSON	2.2 NAME	Richardson, Scott
STREET ADDRESS	3454 HANCOCK PKWY 4-9	2.3 STREET ADDRESS	3454 Hancock Bridge Pky A-9
CITY-ST-ZIP	N FT MYERS FL	2.4 CITY-ST-ZIP	N. Ft. Myers, FL 33903
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KELLOGG, MARY LAICE	3.2 NAME	
STREET ADDRESS	3454 HANCOCK BRIDGE	3.3 STREET ADDRESS	
CITY-ST-ZIP	N FT MYERS, FL 00000	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NEWTON JOYCE	4.2 NAME	Newton, Joyce
STREET ADDRESS	3454 HENCOCK PKWY B9	4.3 STREET ADDRESS	3454 Hancock Bridge Pky B-9
CITY-ST-ZIP	N FT MYERS FL	4.4 CITY-ST-ZIP	N. Ft. Myers, FL 33903
TITLE	VP <input type="checkbox"/> DELETE	5.1 TITLE	TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHATTO, JAMES	5.2 NAME	Shatto, James
STREET ADDRESS	3454 HANCOCK BRIDGE	5.3 STREET ADDRESS	3454 Hancock Bridge Pky
CITY-ST-ZIP	N FT MYERS FL	5.4 CITY-ST-ZIP	N. Ft. Myers, FL 33903
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	King, Dorothy	6.2 NAME	King, Dorothy
STREET ADDRESS	3436 Marinatown Ln	6.3 STREET ADDRESS	3436 Hancock Bridge Pky A-11
CITY-ST-ZIP	N Ft Myers, FL 33903	6.4 CITY-ST-ZIP	N. Ft. Myers, FL 33903

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: *Scott A. Bickel* REQUIRED 3/13/97 DATE

CR2E037 (9/96)

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