


FILE NOW: FILING FEE IS \$61.25

FILED

**Sep 03 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # 745196 (6)

1. Corporation Name
**MARINA TOWN CONDOMINIUM APARTMENTS ONE ASSOCIATI
ON, INC.**



Principal Place of Business %MARQUIS MGMT INC. 12661 NEW BRITTANY BLVD. FORT MYERS FL 33907 US	Mailing Address %MARQUIS MGMT INC. 12661 NEW BRITTANY BLVD. FORT MYERS FL 33907 US
--	--

3. Date Incorporated or Qualified
12/12/1978

4. FEI Number 59-1883068	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

2. Principal Place of Business 21 3454 Hancock Bridge	2a. Mailing Address 26 P.O. Box 1848
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 N Ft Myers, FL	City & State 28 Ft Myers, FL
Zip 24 33903	Country 25 USA
Zip 29 33902	Country 30 USA

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. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.
 Yes No

9. Name and Address of Current Registered Agent

**STILPHEN, PETER
%MARQUIS MGMT INC.
12661 NEW BRITTANY BLVD.
FORT MYERS FL 33907**

10. Name and Address of New Registered Agent

81 Name Lynn McEwen
82 Street Address (P.O. Box Number is Not Acceptable) 3444 Marinatown Lane
83
84 City N Ft Myers
85 Zip Code FL 33903

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 *Peter Stilphen* *Lynn McEwen Manager* **07/24/98**
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 VPD	<input checked="" type="checkbox"/> DELETE
NAME BERTI, TIM	
STREET ADDRESS 3436 MARINATOWN LN	
CITY-ST-ZIP N FT MYERS FL 33903	
TITLE PD	<input checked="" type="checkbox"/> DELETE
NAME SCOTT, RICHARDSON	
STREET ADDRESS 3454 HANCOCK PKWY 4-9	
CITY-ST-ZIP N FT MYERS FL 33903	
TITLE SD	<input type="checkbox"/> DELETE
NAME NEWTON JOYCE	
STREET ADDRESS 3454 HENCOCK PKWY B9	
CITY-ST-ZIP N FT MYERS FL 33903	
TITLE TD	<input checked="" type="checkbox"/> DELETE
NAME SHATTO, JAMES	
STREET ADDRESS 8454 HANCOCK BRIDGE	
CITY-ST-ZIP N FT MYERS FL 33903	
TITLE D	<input checked="" type="checkbox"/> DELETE
NAME KING, DOROTHY	
STREET ADDRESS 3436 HANCOCK BRIDGE PKY A-11	
CITY-ST-ZIP N. FT. MYERS FL 33903	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE President, D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME Thomas Stock	
1.3 STREET ADDRESS 3454 Hancock Bridge Pkwy #B-13	
1.4 CITY-ST-ZIP N Ft Myers, FL 33903	
2.1 TITLE Vice President, D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME Elsie Raines	
2.3 STREET ADDRESS 3454 Hancock Bridge Pkwy	
2.4 CITY-ST-ZIP N Ft Myers, FL 33903	
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 Treasurer, D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME William Polk	
4.3 STREET ADDRESS 3454 Hancock Bridge Pkwy	
4.4 CITY-ST-ZIP N Ft Myers, FL 33903	
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 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]* **11-23-98 992-8051**

CF2E037 (10/97)