

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
 AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
Sep 09, 1999 8:00 am
Secretary of State

09-09-1999 90004 005 ****61.25

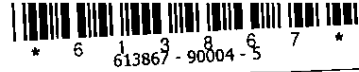
NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 745196

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



Principal Place of Business 1454 HANCOCK BRIDGE 3001 NEW BRITANNY BLVD. 1 FT MYERS FL 33903 JS	Mailing Address P O BOX 1848 12661 NEW BRITANNY BLVD. FORT MYERS FL 33902 US
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Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 12/12/1978
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number 59-1883068
City & State	City & State	Applied For Not Applicable
Zip	Zip	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Country	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

MCEWEN, LYNN
~~3444 MARINATOWN LANE~~
~~12661 NEW BRITANNY BLVD.~~
 N FT MYERS FL 33903

10. Name and Address of New Registered Agent

81 Name	82 Street Address (P.O. Box Number is Not Acceptable) 13971 N CLEVELAND AVE #3	83	84 City N Ft Myers	85 Zip Code FL
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I, 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.

GNATURE _____
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
LE PB <input type="checkbox"/> DELETE	STOCK, THOMAS 3454 HANCOCK BRIDGE PKWY #B-13 N FT MYERS FL 33903	1.1 TITLE Vice President, Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
ME		1.2 NAME	
REET ADDRESS		1.3 STREET ADDRESS	
Y-ST-ZIP		1.4 CITY-ST-ZIP	
LE VB <input type="checkbox"/> DELETE	RAINES, ELSIE 3454 HANCOCK BRIDGE PKWY N FT MYERS FL 33903	2.1 TITLE President, Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
ME		2.2 NAME	
REET ADDRESS		2.3 STREET ADDRESS	
Y-ST-ZIP		2.4 CITY-ST-ZIP	
LE SD <input type="checkbox"/> DELETE	NEWTON JOYCE 3454 HENCOCK PKWY B9 N FT MYERS FL 33903	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ME		3.2 NAME	
REET ADDRESS		3.3 STREET ADDRESS	
Y-ST-ZIP		3.4 CITY-ST-ZIP	
LE TD <input checked="" type="checkbox"/> DELETE	POLK, WILLIAM 3454 HANCOCK BRIDGE N FT MYERS FL 33903	4.1 TITLE TREASURER, DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
ME		4.2 NAME CAROLYN KERLIN	
REET ADDRESS		4.3 STREET ADDRESS 3454 HANCOCK BRIDGE PKWY, B-10	
Y-ST-ZIP		4.4 CITY-ST-ZIP N Ft Myers, FL 33903	
LE <input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ME		5.2 NAME	
REET ADDRESS		5.3 STREET ADDRESS	
Y-ST-ZIP		5.4 CITY-ST-ZIP	
LE <input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ME		6.2 NAME	
REET ADDRESS		6.3 STREET ADDRESS	
Y-ST-ZIP		6.4 CITY-ST-ZIP	

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, with all other like empowered.

SIGNATURE: _____ **SIGNATURE REQUIRED** 9/01/99 941-656-1617
 Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (5/99)