

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
95 FEB 17 PM 3:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 745646 (0)

1. Corporation Name

MARINA LAKES TOWNHOMES HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

5112 S.W. 72ND AVENUE
P.O. BOX 16-3124
MIAMI FL 33155

5112 S.W. 72ND AVENUE
P.O. BOX 16-3124
MIAMI FL 33155

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/22/1979

3a. Date of Last Report

03/02/1994

4. FEI Number

59-2224414

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

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

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KLINE, A.T.
5112 SW 72 AVENUE
POST OFFICE BOX 557820
MIAMI FL 33255

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]

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

(NOTE: Registered Agent signature required when reappointing)

DATE

2/10/95

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	VP
NAME	KLINE, A.T.
STREET ADDRESS	5112 SW 72 AVE
CITY - ST - ZIP	MIAMI FL
TITLE	D
NAME	BRISTOW, J.
STREET ADDRESS	5110 SW 72 AVE.
CITY - ST - ZIP	MIAMI FL
TITLE	D
NAME	INN, S INDGIN, S
STREET ADDRESS	5106 SW 72ND AVE. 5008
CITY - ST - ZIP	MIAMI FL
TITLE	DP
NAME	BUTLER, R KARELAS, W.
STREET ADDRESS	5010 SW 72 AVE 5002
CITY - ST - ZIP	MIAMI FL
TITLE	D
NAME	ZEILLER, J.
STREET ADDRESS	5016 SW 72 AVE
CITY - ST - ZIP	MIAMI FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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 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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

A.T. KLINE

2/10/95 (305) 445-0127