

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 # 747868 (8)

1. Corporation Name
MARBELLE CLUB OF MARCO ISLAND CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
**840 S COLLIER BLVD
MARCO ISLAND FL 33937
US**

Mailing Address
**840 S COLLIER
MARCO ISLAND FL 33937
US**

3. Date Incorporated or Qualified **06/29/1979** 3a. Date of Last Report **02/03/1995**

21. Principal Place of Business		2a. Mailing Address		4. FEI Number 59-2152381		Applied For <input type="checkbox"/> Not Applicable	
22. Suite, Apt. #, etc.		27. Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23. City & State		28. City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24. Zip	25. Country	29. Zip	30. Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
VEGA, HELEN 840 S. COLLIER BLVD. MARCO ISLAND FL 33937				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 *Helen Vega* Date **3-7-96**
(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	MASON, ARNOLD			1.2 NAME	Charles Huttinger		
STREET ADDRESS	840 S COLLIER BLVD.			1.3 STREET ADDRESS	840 S. Collier Blvd.		
CITY-ST-ZIP	MARCO ISLAND FL			1.4 CITY-ST-ZIP	Marco Island, FL.		
TITLE	D	<input type="checkbox"/> DELETE		2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	COLTRY, DONALD			2.2 NAME			
STREET ADDRESS	840 S COLLIER BLVD.			2.3 STREET ADDRESS			
CITY-ST-ZIP	MARCO ISLAND FL			2.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DR. LOCKHART, GEORGE			3.2 NAME			
STREET ADDRESS	840 S COLLIER BLVD.			3.3 STREET ADDRESS			
CITY-ST-ZIP	MARCO ISLAND FL			3.4 CITY-ST-ZIP			
TITLE	DTS	<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	VEGA, HELEN			4.2 NAME			
STREET ADDRESS	840 S COLLIER BLVD.			4.3 STREET ADDRESS			
CITY-ST-ZIP	MARCO ISLAND FL			4.4 CITY-ST-ZIP			
TITLE	DVP	<input checked="" type="checkbox"/> DELETE		5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	COHEN, SHIRLEY			5.2 NAME	Ron Nordmann		
STREET ADDRESS	840 S. COLLIER BLVD.			5.3 STREET ADDRESS	840 S. Collier Blvd.		
CITY-ST-ZIP	MARCO ISLAND FL			5.4 CITY-ST-ZIP	Marco Island, FL.		
TITLE	DP	<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CROWE, CLIFF			6.2 NAME			
STREET ADDRESS	840 S. COLLIER BLVD.			6.3 STREET ADDRESS			
CITY-ST-ZIP	MARCO ISLAND FL			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: *Helen Vega* Date: **3-7-96** **941-394-7668**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (12/95)